CONTRACEPTION

THEORY, HISTORY AND PRACTICE

STOPES

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CONTRACEPTION

(Birth Control)

ITS THEORY, HISTORY AND PRACTICE

CONTRACEPTION

(BIRTH CONTROL)

ITS THEORY, HISTORY AND PRACTICE

A Manual for

The Medical and Legal Professions

BY

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Doctor of Science, London; Doctor of Philosophy, Munich; Fellow of University College, London; Fellow of the Linnean and Geological Societies, and The Royal Society of Literature; Author of "Married Love."

With an Introduction by

PROF. SIR WILLIAM BAYLISS, M.A., D.Sc., F.R.S.

and Introductory Notes by

SIR JAMES BARR, M.D., LL.D., F.R.C.P.

DR. C. ROLLESTON, DR. JANE HAWTHORNE & OBSCURUS

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Author's Preface.

This work was begun four years ago at the request of some distinguished medical men, and I have since been kept at the arduous toil by repeated and insistent demands from medical and scientific people all over the world.

To those acquainted with the details of the making of books there will be no need to emphasize the amount of labour involved in compiling a work on a theme about which so many scattered and miscellaneous opinions have been published, and never cleared up in any comprehensive manual.

In this book I hope at any rate to have gathered together and set out clearly all that is valuable of available human knowledge on our theme, and thus to have cleared the way for the initiation of deeper researches. I hope also to make easier the adoption of the best practical means of contraception by methods varying to suit specific cases.

In this book will be found not only that which is already contained in the scattered literature on the subject, but also new matter, both scientific and historical.

Among the latter items undoubtedly the most interesting are the hitherto undetected and unpublished manuscripts of FRANCIS PLACE which will be found in Chapter X.

My endeavour has been to present the whole theme in language as simple as is consistent with scientific precision, so that not only experts may find it easy to grasp as a whole. Those who know most of the subject will best recognize the amount of new material in this book.

I am indebted to many distinguished medical and legal friends who have helped and encouraged me throughout the production of this book, but who desire not to be thanked by name; and my thanks are especially due to those who most kindly have written introductions and prefatory notes.

The generosity, appreciation and encouragement of those whom not only I, but the great world reverences and esteems, have filled me with a deep gratitude that I have been allowed to accomplish a task which I can only wish were better done.

I trust the work will be of use to those whom I desire to serve.

MARIE CARMICHAEL STOPES.

Givons Grove,
Leatherhead.

Introduction by Professor Sir William Bayliss, M.A., D.SC., F.R.S.

Professor of General Physiology, University College, London.

It is with great pleasure that I take the opportunity given me to express a word of welcome to this book, which must have involved an enormous amount of work on the part of the authoress. I feel it indeed an honour to have even a small share in the beneficent efforts which we associate with her name.

So far as I am aware, there does not exist in any language a manual of this kind, giving a complete history of the subject, with full documentary evidence, together with a scientific account and criticism of the various methods of contraception advocated from time to time. It cannot fail to be of real service. We are led to form an opinion as to what may be the best method in any given case and warned from the use of those likely to be injurious. As is pointed out, we do not yet possess a universal and infallible one, but the best of those we have

are of inestimable value as being almost invariably to be depended upon. The fact should incite further research, but this is difficult. No doubt, the records kept at the "Mother's Clinic" will in time lead to much valuable information.

If I feel bound to make one or two reservations, which in any case are only my personal views and do not concern the main arguments of the book, I hope that they may be taken rather as evidence of the sincerity of my appreciation of the work as a whole.

As a physiologist, I could wish that stronger evidence were to be obtained of the absorption by the one sex of the secretory products of the other sex. It must be admitted, however, that the evidence given is very strong and that cogent proof is difficult.

The other point is that it seems to me that it is unwise in the present state of knowledge to suggest, as appears to have been done, anything further than a limitation of the increase in stocks *known* to be bad, such as those with hereditary disease of body or mind. Unfortunately, the worst difficulty is with the mentally defective. In any case, such bad stocks are to be found in all classes of society. It is a

regrettable fact, on the other hand, that ignorance is but too often shown by the wealthy where it has more opportunity for mischief. Even the so-called "educated classes" cannot be said to be free from it. In opportunities for learning methods of birth control, however, the wealthy have until recently been in a much more favourable position than the poor. It is quite possible that it is this factor which has contributed most to the lower rate of multiplication of the former class. Is it a fact that people of subnormal mentality do actually increase at a greater rate than the normal individuals of the same position in life? It must be very difficult to answer this question, although people of subnormal mentality are found in all classes. I do not believe that there is any essential difference of opinion between Dr. Marie Stopes and myself on these questions.

To my mind, the chief arguments for Birth Control are two, which are in many ways identical. The one is the relief of the mother from the results of frequent and repeated pregnancies, as is so well brought out in this book. It is inevitable that these results are more exaggerated in the poor than in those with more possessions, more especially as concerns the fate of the chil-

dren, but it is only a matter of degree. The other argument is that which, so far as I know, Dr. Marie Stopes has the honour of bringing out into a clear light ; I mean the possibility of a normal and beautiful married love. I may be allowed to recall that, writing in 1914, I expressed the hope that the sexual act would not only be deprived of all unworthy suggestions and associations but would come to be looked upon as entirely noble and good. No one has contributed more to the ultimate attainment of this result than has Dr. Marie Stopes, and the courageous advocacy of birth control is an essential part of the service she has done. She has rightly insisted that the sexual act is of benefit physically, mentally and spiritually, and must be so regarded in itself and apart from its other purpose, also a noble one when properly used, of creating new souls.

If I may venture to say so, it seems to me that the question should be looked upon as one of normal, physiological behaviour and, for that reason, practical instruction should be distinct from the cure of disease. The scope of the medical profession needs to be enlarged on the health side, with a different kind of training, not so much with an eye on disease as on

nealth. If, as seems likely, the amount of knowledge of disease required at the present time is too overwhelming, is it too much to hope for a new class of " health officers," as we may call them ?

Again, let me offer a hearty welcome to this new book, which can but add to the contributions which Dr. Marie Stopes has already made to the happiness of mankind. I sincerely hope that it will be widely read and taken to heart.

William Bayliss.

———

Introductory Note by Sir James Barr, M.D., LL.D., F.R.C.P., &c.

Ex-President, British Medical Association.

KNOWING well the splendid work which DR. MARIE STOPES has long carried on in trying to raise humanity out of the slough of despond, I have much pleasure in complying with her request for a foreword to her book on Contraceptives.

Personally I have always approached the subject from the racial view-point ; how is birth control likely to affect the future of the race ? Would not Nature's method of the elimination of the unfit, and the survival of the fittest, which in the past produced some splendid examples of humanity, not surpassed in the present day notwithstanding our boasted progress, be as good as any process of artificial selection ? Man is a rebel against nature's laws and refuses to be weeded out merely for the benefit of futurity. Moreover Nature's methods are cruel and have no regard for the individual, her chief concern is with the preservation of the race.

In highly civilized countries such as England our altruism carries our sympathies to the most helpless, and while the fit have to shift for themselves the most degenerate have every consideration extended to them at the expense of the more worthy citizens. Nature's method of adapting the individual to the environment which is the surest line of progress is reversed, and we adapt the environment to the individual, temper the wind to the shorn lamb. No one is responsible for his appearance on this earth, and, however undesirable his appearance may be, we may and perhaps should allow our altruistic feelings to minister to his comfort and survival, but we have no moral right to allow him to perpetuate his kind, and thus saddle the next generation with the maintenance of a race of degenerates ; at present the lower fourth—including the submerged tenth—of the population is producing more than half of the next generation. At this rate of decadence it will soon happen, if it has not already occurred, that one-fifth of the population will be supporting the other four-fifths. While the virility of the nation was carrying on the war the derelicts were carrying on the race. Our sentimentalists and would-be philanthropists at other

people's expense, are crying upon those derelicts to produce more babies to replace the real nobility of manhood who perished in the war ; this is the kind of material with which we are recruiting the next generation.

We have to a large extent abolished a selective death-rate, but as a nation we have made no attempt to establish a selective birth-rate. I have no objection to large families, always provided that they are healthy and intelligent, and the arrival of the members is so spaced out as not to interfere with the health of the mother or her progeny ; and that they become an asset and not a burthen on the State. Those who produce the mentally and physically defectives commit a crime against society, a crime which will be often repeated until the body-politic is roused up to its responsibilities to the race, and then the sexual activities of the derelicts will be curtailed.

Self-styled moralists, often without sexual inclination, but who would have no hesitation in defrauding their neighbours, frequently tell us that if young women knew the use of contraceptives they would lose any morality which they now possess. On the contrary I maintain that feminine

morality was never in a higher state of perfection, notwithstanding the prurient novels which they read. This sentimental stuff should be replaced by genuine information. Now that man, and I may add woman, have partaken of the fruit of the tree of knowledge we should not allow "darkness to cover the earth and gross darkness the people." The innocence of ignorance is not worth preserving.

Women are sexually far more moral than men, and do not readily succumb to the tempter, notwithstanding his superior knowledge. It is the duty of parents to see to the proper sexual education of their children. We cannot put our trust in princes or men's sons, and the Churches one and all have miserably failed in preventing immorality and the spread of venereal disease.

Young women who are normally sexed should look forward to a happy monogamous union and not sacrifice future happiness for the doubtful gratification of promiscuous intercourse.

JAMES BARR.

Liverpool.

Introductory Note by Christopher Rolleston, M.A., M.D.OXON., M.R.C.P. LOND., D.P.H.CAMB.

County Medical Officer of Health, &c.

Dr. Marie Stopes has asked me to state how her valuable little book will help the Medical Officer of the smaller English counties. Unlike his brother in the larger cities, who is an office worker and statistician, he comes into intimate clinical contact with his neighbours from their birth, or before, to their death. His duties comprise those undertaken in the larger counties by specially appointed infant welfare officers, school medical officers, tuberculosis and venereal diseases officers, and officers under the Mental Deficiency Act. He is written to on every conceivable subject. My own post-bag has contained letters asking me to give the writers information on the servant question, on the method of trepanning adopted in Neolithic times, on the advisability of my tuberculous or syphilitic

patients entering into the state of holy matrimony, on housing, and, of course, on birth control.

On the latter point the letters are numerous from all sections of society. The middle-class man states that he and his wife are nervous wrecks from their constant fear of another baby ; the artisan writes that as he is living in two rooms, and has already had four children, he wishes to obtain all available knowledge on the subject of birth control. But up to the present how imperfect has been our training and knowledge, and how little sound information have we been able to give to our tuberculous patients, who wish to marry but not to propagate their species ; to the sufferers from epilepsy, and to the healthy couple who, owing to the failure of the housing schemes, are unable to acquire accommodation for a young family. Most valuable and detailed information is given in Chapters V, VI and VII of Dr. Stopes' book, and the careful perusal of these sections I commend, not only to the practitioner and medical officer of health, but also to the district nurse and midwife. I predict a great success for the work, and I wish to record my thanks to the author for her pioneer work in preventive medicine.

An Introductory Note.

From DR. JANE HAWTHORNE.

May, 1923.

MY DEAR DR. STOPES,

I have been deeply interested in reading the proofs of your book, which presents so much knowledge in clear and simple language.

The references alone form a great work and prove the thoroughness with which you have approached a most difficult subject.

It is a book of reference which should be welcomed by the medical profession, as nothing of the kind has yet been published, although there is evidence of an increasing need for reliable information on such matters as are dealt with in its pages.

Yours sincerely,

JANE LORIMER HAWTHORNE.

Introductory Note by Obscurus,

M.B., D.P.H.,

Barrister-at-Law.

March 23, 1923.

My Dear Dr. Stopes,

I have read this book in advance with very great interest. So far as I know nothing quite like it has yet appeared; nor is there at present any general manual on contraception. Others have dealt with fragments of the subject, but no one seems to have read so widely as you, and certainly no one has had such a mass of original material upon which to draw, material derived from correspondence resulting from your previous books and from the Clinic you founded two years ago.

There is another matter upon which I should like to lay stress. A story was current in the Oxford of long ago that Martin Joseph Routh, the centenarian who for some sixty years was President of Magdalen College, once received a call from a man about to commence the study of Theology. His visitor asked Routh for advice as to his future studies. The President, whose reputation was then almost world-wide, simply remarked "Young man, always verify your references," a piece of advice which has saved me many a mistake and has taught me how careless writers perpetuate popular errors. From such reproaches your book is free, for you have given references for every quotation you have made.

That you are not on the Medical Register is

probably an advantage at any rate for you, as by now you might well have been cited before the General Medical Council to answer for your views, a fate which even in these days is apt to be attended with serious results. That your attainments in the limited portion of the field of medicine upon which you have ventured to trespass are adequate for the task you have undertaken few would be bold enough to deny; that further research in this particular corner of the field is desirable you would yourself be the first to admit, for your book is a forcible and thorough-going attempt to supply it.

Anyone who knows the ways and habits of the C 3 population will recall the usual state of the streets after closing time on Saturdays, and if he believes in the preaching of ethics, politics, religion or sexual continence to men and women well filled with "four-ale," all I can say is I wish him well, but the task is hopeless. However, even the C 3 woman has no wish for endless and repeated fecundation with the usual sequel of infidelity, and after about three months' lactation, venereal disease. Even she would welcome your simple and safe methods. Let those who oppose you bear in mind the fate of Calvin after his suppression of Servetus and his book; also let them take to heart the contempt into which the "Holy" Inquisition has fallen since the days of Voltaire and the Encyclopedists. Progress is sure but slow, but it is open to fanatics to damage the road as well as the travellers.

There is another reason why I wish you well. Nearly fifty years have passed since I began to read Euripides. A passage in the "Medea" (l. 248-251) has remained rooted in my mind ever since I first read it at school:

λέγουσι δ' ἡμᾶς ὡς ἀκίνδυνον βίον
ζῶμεν κατ' οἴκους, οἱ δὲ μάρνανται δορὶ,
κακῶς φρονοῦντες· ὡς τρὶς ἄν παρ' ἀσπίδα
στῆναι θέλοιμ' ἂν μᾶλλον ἢ τεκεῖν ἅπαξ.

"They say that danger-free our lives we lead
"At home, while they do battle spear in hand,
"Wrongly they think; for three times would I stand
"With shield on arm sooner than bear one child."

No one who has watched a woman through the pains of childbirth can fail to realize that Euripides was right; and many of us I imagine, even though we stood by the table or the bedside with rubber gloves on our hands, chloroform close by, and sterilized forceps ready in warm water, must have felt that somehow or other it is hard that women who pay the price of pleasure should not have some voice in the number of times they have to endure the slow and painful distention of the soft parts by the fœtal head. By your method it is so easy! The woman need not pay unless she wishes. On this subject Bentham's views as to the principle of utility, and on pleasure and pain, may be commended to your opponents.

As I have no wish to be charged with advertising myself, no desire to divert subscriptions from the hospital which I have loved so long, which has taught me so much and which in my last years has even invited me to lecture within its walls, no leisure to answer letters and no inclination for controversy, I will follow the example of Ulrich von Hutten, the defender of John Reuchlin, and subscribe myself,

Your humble servant,

OBSCURUS, M.B., D.P.H.,
Barrister-at-Law.

CONTRACEPTION.

CHAPTER I.

The Problem To-day.

THE community in a beehive deals with its population problems according to the needs of the varying seasons, and in ways calculated to yield results ensuring the well-being of the hive regardless of the lives of individuals. In the spring populations are hastened into existence ; in the autumn individuals once carefully reared are ruthlessly slaughtered.

The human community, guided by less clear and logical instincts, does not so definitely correlate its racial activities with the changes in its circumstances. Nevertheless, although it be unconsciously, the general drift and trend of events does, to some extent, control the production of human beings although such control is so ill-adjusted to the circumstances that many individuals suffer acutely and needlessly. The victims

of unconscious forces such as diseases, wars and famines in excessive populations, have always been harried; but these blind "checks to population" have not been the only regulators of the populations as is often supposed; steadily, though invisibly, conscious control, however ineffective, has been exerted, in the form of infanticide, abortion or control of conception of some sort.

A recent monograph by CARR-SAUNDERS* developed well, and with a wealth of illustrative detail, the theme of *optimum populations* which all nations at all times have tended toward achieving consciously, though in the past often by the primitive and painful means of taboos, abortion and infanticide on the one hand, or by polygamy on the other. CARR-SAUNDERS shows convincingly that the theory of MALTHUS has long been disproved, though it is still dinned into the ears of the uncritical public by persons insufficiently documented, and incapable of the serious application of thought. He says (p. 201): "This idea of an optimum number is one which can be developed in great detail. It is only necessary here to

*A. M. CARR-SAUNDERS (1922): "The Population Problem, a Study in Human Evolution." Pp. 516. Oxford, 1922.

notice that when, as in the higher economic stages, the arts of production on the one hand are improving, and the habits and so on of any people are on the other hand constantly altering, the most desirable density is in consequence frequently changing. In the lower stages, when progress in skill is slow and social conditions more or less stationary, the optimum number may remain about the same over long periods of time. . . This idea of an optimum density of population is wholly different to that put forward by MALTHUS. To him the problem was one of the relative increase of population and of food ; with us it is one of the density of population and of the productiveness of industry."

KILLICK MILLARD, in a general consideration of the various aspects of birth-control, very truly concluded that "The fall of the birth-rate is not a symptom of national decadence, but a mark of advancing civilization."*

In the course of its history every civilization, every community, has been faced at different times both by excess of population and by the lack of certain elements in the

* KILLICK MILLARD, M.D.: "Population and Birth Control." Presidential Address to Leicester Lit. and Philos. Soc., 1917.

population which were, perhaps temporarily, desirable. MERCIER* said, "As an historical fact, there has never been any nation, people, or language, however little removed from barbarism, or even savagery, in which infanticide, the practice of abortion, or the limitation of conception, has not prevailed extensively. The three practices are complementary to one another, and where any of them is effectually forbidden, one or other of the remaining two will become efficient. Of these three modes, the prevention of conception is the most innocuous, and however we may deprecate its prevalence in excess, it is chimerical to suppose it will ever be abolished, nor is it desirable that it should be."

Hitherto no population has intelligently controlled the conception of its units in such a way as to meet its real needs. But for long past thoughtful individuals have controlled their own families. They have done so by various means, presumably the best available to their limited knowledge. The demand that knowledge of contraception shall be extended both in its range and application is now so great that medical

* MERCIER, CHARLES, M.D., &c. "Crime and Insanity." *Home Univ. Library*, 1911. Pp. 255. See p. 219.

practitioners in England at the present time must give attention to the subject. This necessity is all the more urgent because economic conditions are such that at present many people will not and dare not increase their families, and they use *any* means known to them to prevent the birth of a living child. The result too often is the use of harmful contraceptives. Further, alas, it is true that even in our most civilized cities there are many to whom abortion by some means or other is the only method known by which they can limit the size of their families. Official evidence of this is difficult to obtain, for unless something unexpectedly goes wrong no woman allows it to be known that she has practised abortion. Yet so recently as this year (1922) the *American Journal of Obstetrics and Gynecology* says, "It has been estimated that in New York City alone there are 80,000 criminal abortions annually,"* and large numbers of "therapeutic abortions in addition."

In later chapters some attention will be given to an historical survey of the deliberate control of populations by various nations, but meanwhile, as this book is addressed to

* P. FINDLEY. "The Slaughter of the Innocents." *Amer. Journ. Obstet. and Gynec.*, vol. iii, No. 1, pp. 35-37. 1922.

medical practitioners, we will enter immediately upon that which is its prime concern, namely, the practical aspects of the problem which to-day faces almost everyone in his own family practice. Whatever may be the ultimate needs of our race, whatever were the recent habits even of the passing generation, the undoubted fact of the immediate present is that for a variety of sound reasons medical practitioners are daily called upon to advise patients who are involved in the problems of the individual control of their own reproductive powers.

The medical man has, or may have, on his shelves many textbooks and memoirs on almost every conceivable branch of medical practice, with the exception of this subject, the most vital of all to the health and well-being of his most important patient, the fertile married woman. On contraception no comprehensive scientific manual exists, and it is four years since my first small scientific text was published. There is, therefore, little need to apologize for adding the present work to the enormous number of books extant, since among them all no other covers the field from which its harvest will be drawn, and few other themes are of greater moment to the individual or to the nation.

The medical practitioner, too long trained as a doctor of disease, is beginning to realize that his prime function is the preserver of health. As so large a proportion of female ill-health can be directly traced to an excessive number of pregnancies in too rapid succession, and to pregnancies under unsuitable conditions, it is obvious that the proper use of contraception as a fundamental health measure is the practitioner's concern. HAVELOCK ELLIS tersely said: * "We possess in birth control an invaluable instrument, not merely for immediate social betterment, but for the elevation of the race." Nevertheless, "as carried on at present, neo-malthusian methods may even be dysgenic rather than eugenic, for they tend to be adopted by the superior stocks, while the inferior stocks, ignorant and reckless, are left to propagate freely. This unfortunate result is encouraged by the notorious failure —still so conspicuous amongst us—to spread the knowledge of contraceptives among the classes which from the eugenic standpoint most urgently need them."

In the interest of the race "feeble-mindedness, hereditary insanity, and hereditary criminal tendencies (if such occur)

* HAVELOCK ELLIS (1917): "Birth Control and Eugenics." *Eugenics Review*, April. London, 1917.

should be nipped in all the buds they show. Individuals showing these traits definitely should not be allowed to reproduce."*

Moreover, the time has come when the ordinary patient is no longer content to be kept in ignorance by her medical practitioner, and when she is learning that if her own doctor refuses her or is incapable of giving her the information she demands, there are other sources of knowledge and other doctors who will comply with her reasonable request.

So long as such facts as appear in the Annual Report of the Ministry of Health are true, so long will women continue to demand that their sacrifice shall be made at least voluntarily. "The death-rate of women in childbirth remains approximately what it was twenty-five years ago, and we lose by death every year upwards of 3,000 mothers . . . a substantial number of the 700,000 who gave birth to children in 1919 were so injured or disabled in pregnancy or childbirth as to make them chronic invalids."†

Individual practitioners, therefore, all

* KNIGHT DUNLAP (1920): "Personal Beauty and Racial Betterment." Pp. 95. London, 1920.

† Annual Report of the Chief Medical Officer, Ministry of Health. London, 1920. See p. 44.

over the country are taking an unprecedented interest in contraceptive methods, and many are feeling justly aggrieved that no information on the subject was included in their academic courses of training. A few letters selected from large numbers in the possession of the author of this book are given in Chapter XIII, p. 368, and indicate feelings which are widespread. A modern and humane civilization *must* control conception or sink into barbaric cruelty to individuals. What our progenitors achieved crudely and clumsily, often painfully, we, aided by modern scientific knowledge, can and should achieve painlessly and precisely.

Apart from the needs of individual patients, a word should be said of the national, indeed the racial position. For want of contraceptive measures the low-grade stocks are breeding in an ever-increasing ratio in comparison to the high-grade stocks, to the continuous detriment of the race. Hence the medical practitioner who has a practice among the poor and ignorant, and particularly among the low-grade elements, has a double duty to inculcate contraceptive knowledge, a duty to his individual patients and a duty to the State. This aspect of the subject will not be enlarged upon in this book, but is

well expressed in the following quotation from HOLMES* (p. 139): "We are losing the elements of our population that have achieved success financially, socially, or in the field of intellectual achievement. Speaking generally, none of these classes is reproducing itself." [They are now taxed into relative penury in comparison with the demands on them.] "This condition is quite as bad in Europe, at least in several countries, as in the United States. It constitutes a very serious menace to our present social welfare, and one which is striking at the very roots of our civilization. The menace is all the more dangerous because its effects do not, like those of war, pestilence, or famine, obtrude themselves upon our notice. The forces for evil that work insidiously are the most to be feared because they may produce great havoc before they are detected, or at least before the extent of their damage is adequately realized. The elements of the population that are of subnormal mentality exhibit at present the highest degree of fecundity."

PROFESSOR E. ALSWORTH ROSS, one of

* S. J. HOLMES (1921): "The Trend of the Race, a Study of Present Tendencies in the Biological Development of Civilized Mankind." Pp. v, 396. London.

CHAPTER ONE

America's greatest sociologists and the original coiner of the much used phrase "race suicide," came to this racially serious conclusion years ago. By 1912 * he was awake to the danger of the swamping of the good old American stock by the too prolific immigrant stock and he recently made impressive public utterances to the effect that changed conditions have changed the meaning of the phrase he coined so long ago and "race suicide" to-day is to be seen in unrestricted breeding †. In short, that the world is in greater danger from the stork, than it is from the eagle or the vulture.

It is the medical man's business to tame and control the stork.

* E. ALSWORTH ROSS (1912): "Changing America; Studies in Contemporary Society." Pp. 236. London, 1912.

† See the *Birth Control News*, vol. 1, No. 1. May, 1922. London.

CHAPTER II.

Theoretical Desiderata—Satisfactory Contraceptives.

THE all too prevalent idea that in coitus the woman is a passive instrument and the man guilty of "self-indulgence" or "allowing relief to his baser nature" is wrong. This false and foul-minded idea is the source of an incalculable amount of racial injury.

It is essential first to be explicit about the fact that the coital act is an extremely complex social function in which the woman (as well as the man) is an *active* partner, and from which both derive physical, mental, and spiritual benefit if this act is fully and correctly performed.

The realization that the *woman* should be an *active* and *joyous partner* in the act may be thought by some to require demonstration, as even by medical practitioners this has often been denied. That a normally healthy woman has an active sex life with spontaneous requirements different from, yet

not entirely incompatible with, those of her male partner, must be accepted as an axiom before contraceptives can be intelligently discussed. Some aspects of this fact are given in "Married Love,"* to which readers should refer. In that book for the first time were published charts of woman's spontaneous rhythm of sex desire, and about this demonstration DR. HAVELOCK ELLIS, the great sexologist, wrote in the *Medical Review of Reviews*, bringing contributory evidence† from two other aspects of woman's sex life to indicate the correctness of the Stopes curve in having two wave crests of spontaneous desire in each menstrual month. ELLIS concluded his account of his independent lines of evidence by saying, "It is remarkable that they should both confirm what we must regard as the two essential points in DR. STOPES' teaching: (1) the regular existence in women of a menstrual wave of sexual desire, and (2) the occurrence in that wave of two crests. This seems to represent the most notable advance made during recent years in the

* M. C. STOPES, "Married Love" (First Edit., 1918). See Tenth Edit. Pp. 191. London, 1922.

† HAVELOCK ELLIS (1919), "The Menstrual Curve of Sexual Impulse in Women." *Medical Review of Reviews*, Vol. XXV, No. 2, pp. 73-77. New York, February, 1919.

knowledge of women's psycho-physiological life."

Accepting then as one axiom that normal women do have spontaneous sex desires, the second axiom I would have you accept before we investigate contraceptives, is that the best times for the coital act are those when both the husband and the wife have *mutual* desire. Then only is the act perfectly performed and of fullest physiological and psychological benefit.

Hence the proper form of contraceptive must be one available at *any* time by the pair : and so the "safe period" often advocated by those who pose as moralists is not satisfactory (see also p. 84). The proper contraceptive must also be one which permits the natural and complete contact between the tumescent sex organs ; hence from the nature of things all sheaths and coverings worn by the man have serious disadvantages (see also p. 125).

Finally, the theoretically perfect contraceptive should be so unobtrusive as not to obtrude on the consciousness of either party during or immediately after the coital act. In my opinion, in coitus, any mental or psychical injury is quite as harmful as any physical one.

What then have we at the present time

in the way of methods to achieve control over conception during a fully and properly performed coital act by normal and fertile people ?

It may be briefly stated at the outset that the *absolutely* ideal (as considered from the point of view of strictly scientific perfection) method of contraception has not yet been devised, although one or two humanly satisfactory methods are in use to which little objection can be taken, as they very nearly conform to the theoretical requirements.

In the great variety of contraceptives in use or which could be imagined, one or other of three essential characteristics are necessarily involved :—

(1) That the ovum itself is rendered irresponsive or incapable of fusing with the sperm.

(2) That the sperm is prevented from meeting with the ovum.

(3) That the contraceptive renders the ejaculated sperm infertile.

Theoretically, it is perfectly possible to imagine some injection, serum, toxin, or internal secretion, which might render the ovum or the sperm respectively incapable of playing its part in fertilization. Such a contraceptive may appear to have many

desirable characteristics. Its existence, however, is purely theoretical, and will remain so until research on this very abstruse and difficult theme has been accomplished.

The second of the three alternatives mentioned above may be achieved in a variety of different ways, the commonest and best known being by the use of the condom (vulgarly called the " French letter ") which by enclosing all the ejaculated sperms in the membrane of the condom, prevents them from reaching the ovum. Were the seminal fluid a simple procreative substance only, with no other accessory qualities, characteristics or potentialities, this method might appear to be theoretically perfect. The fact, however, is otherwise, as will be elaborated on later pages (pp. 76, 208), depending partly on the existence of valuable accessory characteristics of the seminal emission, and partly on account of unsatisfactory features involved in the use of the condom itself.

The separation of the sperm from the potentially fertilizable ovum may also be accomplished by the internal cap or pessary used by the woman. This does not intervene between the seminal emission and its contact with the vaginal walls, and there-

fore avoids one of the objections to the sheath, while it does stand on guard between the ovum and the motile spermatozoon.

While the *main* object, that is the prevention of the sperm from reaching the ovum, may appear to be equally accomplished by both of these methods, the subsidiary uses of the coital act are not interfered with in the latter procedure in the way they are by the use of the condom, and, therefore, the pessary approaches the theoretically perfect standard method much more nearly than does the condom.

The accessory values of properly completed coitus are too frequently ignored in general practice, and much marital unhappiness can be traced to the widespread ignorance among the lay public of the essential facts of coitus and the benefits to be derived from it. In illustration of this theme (which, for the purpose of this book, must be treated as axiomatic), one or two references may be mentioned. For instance: HAVELOCK ELLIS* notes the experience of an Austrian gynecologist that of every hundred women who came to him with uterine troubles, seventy suffered from congestion

*ELLIS, HAVELOCK (1910), "Sex in Relation to Society." Pp. xvi, 656. See p. 551.

of the womb due to incomplete coitus (see also p. 69).

Such incomplete coitus may, of course, be due to a variety of procedures on the part of the married pair, but though sometimes mere ignorance of normal procedure is the cause, this is relatively rare. The incomplete coitus in one form or another is generally due to mistaken and incorrect attempts at controlling conception.

NYSTRÖM* pointed out long ago that the so-called "sex coldness" of women would not exist if they were correctly and ardently wooed, and if those who did not desire children used sensible contraceptive measures instead of *coitus interruptus*.

McDonagh† goes so far as to say, "Another very common cause of sexual neurasthenia is *coitus interruptus*, a continued practice of which may even lead to dementia."

This subject is treated more fully on pp. 69 *et seq*.

It should not be forgotten that in normal coitus properly performed, the orgasm of the woman is of direct assistance toward

* NYSTRÖM, A. (1907), "Das Geschlechtsleben und seine Gesetze," Eighth Edit. See p. 177.

† MCDONAGH, J. E. R. (1915), "The Biology and Treatment of Venereal Diseases." See p. 480.

achieving the result of conception, though the necessity for orgasm to ensure conception varies greatly with different women. It is on record that women can conceive when in a state of narcosis, and many a fertile mother has never felt an orgasm in her life : yet, on the other hand, many sensitive women only conceive as a result of a fully completed orgasm.

Thirdly, after ejaculation into the vagina, the living spermatozoa may be demolished easily by a great variety of chemical substances also placed in the vagina. These may act as simple plasmolizers or definite poisons to the spermatozoon.

It should here be emphasized that the true contraceptive (as distinct from the sterilizer) should have only an effect applicable at will to one coital act, and should not have any permanent effect on the individual using it.

We may take it then that the contraceptive which approximately conforms to the theoretical demands should accomplish the following :—

It should either shut away the sperm from the ovum completely and securely (and without at the same time depriving the partner's vagina of contact with the seminal fluid) or it should completely and reliably

destroy the life and activities of the spermatozoa in the semen without in any way injuring or destroying the accessory substances in the seminal fluid and without injuring the lining or the bacterial inhabitants of the vagina.

Theoretically, the second result should be as easy to obtain as the former, but in practice it has not yet been ascertained what substances, if any, are in practice available for use to deal with the spermatozoa effectively without having some effect on any other cells or tissues. Quinine, which is widely and beneficially used at present, has certain detrimental effects on a small number of people, and does not, therefore, conform to the theoretically *perfect* contraceptive substance. Other theoretically better substances depart still more from the desirable standard owing to difficulties of application.

The internal cervical cap or small occlusive pessary if properly adjusted by the woman over the cervix so that it closes the entrance of the os, but does not cover, or intercept contact between the penis and the vaginal walls, offers no chemical or destructive action to either the sperm or the vaginal capacity to absorb. After insertion it is entirely unobtrusive. It is considered more in detail on p. 138.

If there be any truth in the assertion recently made * and at once challenged † the small cap only deprives the woman of a fraction of the benefit to be derived from complete coitus, for the main benefit of coitus is not dependent on the entry of the sperm to the uterus itself, but is achieved through the venereal orgasm together with the effects of absorption through the vagina. This is clear from the large number of women who find coitus with the use of the cap entirely satisfactory and extremely beneficial.

If a spermaticide is decided upon as theoretically the most desirable form of contraceptive, there then appears to be no reason why the other requirements of the system of the individual patient involved should not be taken into consideration, and in my opinion, the use of a spermaticide offers an interesting opportunity for the ingestion of some substance useful to the whole system. A certain number of women do undoubtedly benefit by the absorption of quinine which naturally results when using quinine as the spermaticide ; others,

* A. THOMSON in the *Lancet*, January 7, 1922.

† BLAIR BELL in the *Lancet*, January 21, 1922. See also STOPES in *Health*, March, 1922, p. 226.

on the other hand, suffer detrimental effects from quinine (see p. 110).

Wherever abnormalities of any sort are present (and how often, alas, that is true !) special considerations must come into play, and in specific cases the more advisable method might be quite other than that which would be the best for a normal and healthy woman. Considerations of some such special cases are indicated on pp. 183 *et seq.*

As the act of coitus is not solely a physiological process, but one which, particularly in our later civilizations, is so complex and so involved with sentiment and spiritualized feeling, the ideal contraceptive *must* be one the use of which is sufficiently simple and easily adjustable not to interfere with the sentimental and psychological reactions of the act. For this reason the practice of douching, not uncommon (see p. 116), is thoroughly unsuitable, even if it were satisfactory in other respects, which incidentally it is not.

Once contraceptives are studied adequately they might be so planned as to combine their function with that of a tonic or other substance likely to benefit the individual case. Theoretically, however, as I have persistently maintained, contraception should

be treated primarily as a problem for the perfectly healthy woman, and, therefore, should not be complicated by any accessory requirements. Wholesome contraception is a valuable tool in the hands of those who work toward elevating our sex knowledge in the way urged by PROFESSOR BAYLISS.* The main and most legitimate objects of a true contraceptive are to permit of the full benefits of coitus, the complete absorption of all that can naturally be absorbed and used from the seminal fluid, and the prevention of the union of the spermatozoa with the ovum.

This seems a very simple requirement, but partly owing to the prudery which has surrounded and kept the subject from being studied properly, and partly from the complexity of the psychological reactions involved in the act of coitus, even yet, after many centuries of use, we are far from a complete knowledge of contraceptives. So far as I can discover nothing better for the perfectly normal woman exists than the internal cap, which will be described and dealt with on p. 140.

* W. M. BAYLISS (1914): "Principles of General Physiology." London, 1914, see p. 292.

CHAPTER III.

Indications for Contraception.

AS will be seen in the chapters dealing with the history of the subject (p. 264), enlightened medical practitioners have for over a century spread information on contraceptive measures among their patients.

Yet in regular practice at present individual doctors still differ much in their willingness or otherwise to hand on to their patients what contraceptive knowledge they have. Cases such as the following are, unfortunately, still prevalent.

Case B. 200.—A very poor and delicate woman who has several children and nearly died with each childbirth. Doctor attending her told her she must have no more, and when asked how it was to be avoided replied "Find out." As her husband at times gives way to drink, she must have a means entirely within her own control.

Case 753.—Will tell her story in her own words. "I myself am an ex-nurse. I

trained at —— Hospital fifteen years ago. I married my first husband, a dentist, on completion of my training. I had a very serious premature seven months' child the second year of my first married life. Then one year eight months after I had my little boy. He is now 10½ years. Then one year eight months after I had my little girl. She was a posthumous child born six months after my husband died. Fifteen months after the death of my first husband I married this second one, a school friend of the first, now 54 years. He had previously been married to his first wife twenty-three years and never at any time had they any children or even signs of any. I married him in 1913 and in spring 1916 I had a little daughter, and in November, 1918, another. It causes a lot of unpleasantness. My husband is a middle-aged man and a bad heart case and not at all strong (and by the way out of work two months now). I am in very bad health now, debility, tubercular and heart trouble. I have been under treatment the last six years. What right have we to bring children into the world? It takes me all I know to do the ordinary housework of a small house and keep the little ones clean. The boy and girl have had phthisis and it has taken me five years

of great care and nursing to get them right and it is only a month ago I had them declared free from all signs. Now baby is under suspicion. I am so afraid of conception I cannot bear for my husband to even speak kindly to me, or even put his hand on my shoulder for fear he wants his rights. And it causes a lot of anger and misery. It is two months since I last allowed him intercourse, and many times it is much longer. I may say I am 37 years old last July and in *each confinement I have been told I was not a fit or strong enough woman to have children.*" [And she was left ignorant.] "Do please help me if you can."

The following letter also is unfortunately not an account of a unique experience: ". . . a doctor whom, at my wife's request, I asked to provide the necessary article, charged me £1 1s. for ridiculing our request and advising us to scratch for however many children arrived, like the hen does for her chicks."

And one's heart is wrung by such cases as C. D. 1054, supplied to me by the medical practitioner who attended her end. She was married young to a man with syphilis and she had in all twenty-four miscarriages and then died of paralysis of the lower half of the body.

Recently, however, several medical practitioners who might fairly be described as not particularly favourable to the idea of voluntary parenthood have published statements of a modified approval of contraception under certain conditions. Such, for instance, as the paper by PROFESSOR LOUISE MCILROY, M.D., who said* : "The reasons for the exercise of birth control should be *medical* only, and should be considered from two points of view, viz., that of :

(1) *The Individual*—as to possible danger of pregnancy.

(2) *The Community*—as to the undesirability of the propagation of the unfit."

Whatever division of opinion there may still be about the advisability or otherwise of contraception in individual cases there appears to me to be no possible ground for refusal to tell a patient what means to pursue to prevent conception when that same patient has been told that her life is risked, or that serious consequences to the offspring are to be anticipated, were pregnancy to occur.

It is self-evident that all cases in which, were pregnancy to intervene, an evacuation of the uterus or an induced therapeutic

* A. LOUISE MCILROY (1921) : "Some factors in the Control of the Birth-Rate." *Trans. Medico-Legal Soc.* for year 1921-22, pp. 137-153. London, 1921 (date on title-page).

abortion would be inevitable, are clearly and indisputably cases for instruction in contraceptive methods. It is surely also reasonable to conclude that all cases in which such evacuation or abortion are *likely*, are also cases for such contraceptive instruction.

Individual judgment may vary, as it depends largely on theological and other considerations in addition to the purely medical, so that an individual's attitude towards contraception and medical abortion may differ in accordance with the personal ratio of knowledge, temperament and judgment in estimating the amount of maternal danger involved.

The above, however, assumes that the woman herself, the potential mother, is to have little or no choice in the matter of her own pregnancy, and is to rely solely on her medical adviser to decide her fate in this respect. How much longer the public will be willing to take this attitude or submission is, of course, open to discussion.

Few impartial persons endowed with sympathy and humanitarian feelings would deny the right of the mother in such cases as follow to have the best contraceptive knowledge available; or would deny that to permit further pregnancies would be little else than sheer cruelty.

Case C. 221.—Woman very delicate, warned against pregnancy by more than one doctor. Fourteen times pregnant between 1900 and 1921. Nine children born alive of whom four died; five miscarriages. After the last miscarriage had been nine weeks in hospital.

Case C. 866.—Age 40, looks older, sight very bad. Hates and loathes the sight of her husband who gives her no peace. Has been seventeen times pregnant between the years 1903 and 1922. Pregnancies as follows: the first three children lived, then followed one who died a few months after birth, two who died at birth, one bad miscarriage. Of the remaining ten pregnancies only four lived, and three were born at eight months, two of these lived a few hours and one lived ten months. From the total seventeen pregnancies, only seven living children resulted.

Case C. 456.—Very fertile, had four children in five years: husband says he "has only to look at her and she is pregnant." Had used withdrawal and douching, both of which failed. At the first pregnancy instruments were used and the perineum torn, at the second chloroform and instruments, and the third was a twilight sleep case and the child (♀) lived

only a month. She is taking salts *every* morning and quinine every night, and said she would just as soon kill herself as have more children.

Case C. 1156.—Deaf. Has had eleven pregnancies, one child only, the eldest, living. Ten of the pregnancies terminated at the seventh month and though the children were born alive none lived more than a few months and some lived only a few days.

Case C. 1167.—Fifteen times pregnant since 1900. Eight living children; three who died as imbeciles in the second year, and three miscarriages.

Case 466.—Seven times pregnant, the first child born at $5\frac{1}{2}$ months, the second at seven months which only lived $3\frac{1}{2}$ hours. Acknowledges two abortions, one brought on by salts and the other by "French capsules."

Case C. 366.—Has been in hospital for months at a time, has been told by her doctor that pregnancy may be fatal, has bronze patches all over her body, fainted several times during the birth of the last child. Pregnant eight times, the first child born dead and the sixth at six months. The last child born with twisted legs and now has very bad rickets.

Case C. 627.—Married in 1919. In 1920 bore one child which lived only seven days. *In the same year* conceived again, had an operation for appendicitis *and* a miscarriage. In 1921 had a child which lived seven hours and in 1922 a child which lived three hours. The death certificates of the children show that all died after hæmorrhage from nose, mouth or anus.

The last case must surely make the medical profession blush.

The above are merely samples of the hundreds of cases that have come to me for the help of contraceptive knowledge.

A telling case, illustrative also of those for whom contraceptive knowledge is absolutely indicated was given from her own practice by DR. JANE HAWTHORNE at the first Queen's Hall Meeting* "In twelve years the woman was the mother of nine children, and of these only two were alive" . . . "Her first-born did not walk until it was 5 years old, and during that time three more children were born to her, so that in five years she had four little children to care for. The second child is very

* "Queen's Hall Meeting on Constructive Birth Control, Convened by DR. MARIE STOPES. Verbatim Report of Speeches and Impressions." Pp. 47. Putnam's, London, 1921. See pp. 11 and 12.

delicate and needs constant care, but being one of nine it is impossible to give it the little luxuries and skilled attention which might make it a healthy child. The third child was born deaf and dumb and died at $2\frac{1}{2}$ years. The fourth child was paralysed and died at eighteen months. Then twins were born and those lived one hour. The next child was born at six months and died. The seventh was born with meningitis and lived eighteen months. The eighth child is very delicate, but that one still lives."

Education of all sorts is being forced on the people in Government schools : it cannot be long before they will learn that such sufferings as these quoted above are *not* inevitable. Let one of the mothers state her case in her own words. "What I would like to know is how I can save having any more children as I think that I have done my duty to my country having had 13 children, 9 boys and 4 girls. I have 6 boys alive now and 1 little girl who will be 3 years old in May. I burried a dear little baby girl 3 weeks ago who died from the strain of whooping cough the reason I rite this his I cannot look after the little ones like I would like to as I am getting very stout and cannot bend to bath them and it do jest kill me to carry them in

the shawl. I have always got one in my arms and another clinging to my apron and it is such a lot of work to wash and clean for us all and it is such a lot you have got to pay for some one to do a days washing or a bit of scrubbing if I was only thin I would not grumble and as my husband and myself is not so very old I am afraid we should have more children yet I was only 39 on the 19th of February just gone by and the husband is 40 in July coming, we have been married 20 years come next Thursday I was 19 when I married so you can see by the family I have had that I have not had much time for pleasure and it is telling on me now I suffer very bad with varrecross vaines in my legs and my ankles gives out and I just drops doun."

That woman is obviously not very well educated : if she were, would she not have used her education to assist herself in her search for knowledge to save herself some of this misery ?

Assuming, however, that the medical practitioner is to decide whether or not his or her patient shall be given contraceptive information, what are the cases in which it is clearly indicated ?

DR. KILLICK MILLARD, a medical officer of distinction, summed up the general position

at the Queen's Hall meeting when he said: *"There are very many people in our midst who on account of some constitutional taint (it may be tuberculosis, epilepsy or venereal disease) are unlikely to give birth to normal or healthy children. There are thousands of people turned out every year from the tuberculosis sanatoriums, venereal disease clinics, &c., temporarily patched up but with the taint still in the blood, although the outer manifestations have been removed," who ought no longer to go on "adding to their families with the terrible risk of transmitting that taint to the next generation."

All will agree that contraception, either permanently employed, or at any rate used over a period or two or more years, seems indicated in all multiparæ in whose histories the following are found :—

(*a*) Active syphilis.

(*b*) Congenital blindness.

(*c*) Virulent tuberculosis.

(*d*) Acute heart diseases of various types (see paragraph, p. 35, Note).

(*e*) Kidney diseases of various types.

(*f*) Epilepsy.

(*g*) Leprosy.

*"Queen's Hall Meeting on Constructive Birth Control: Verbatim Report of Speeches and Impressions." Pp. 47. London: 1921. See p. 16.

(*h*) Diabetes.

(*i*) Marked "feeble-mindedness." [For such cases sterilization is to be preferred as they are likely to be too careless to use contraceptives effectively.]

As revealed by former pregnancies, marked tendencies to :—

(*j*) Puerperal insanity.

(*k*) Severe albuminuria.

(*l*) Serious eclampsia.

(*m*) Toxæmias (various).

(*n*) Spinal and pelvic deformations (where Cæsarean section is objected to or not available).

(*o*) Cæsarean section within two years.

[NOTE *re* (*d*).—"Heart disease" is, of course, of many grades, and it sometimes arises in circumstances in which it is obviously wise not to prohibit normal coitus, but where child-bearing may be most inadvisable : then contraceptives are necessary. As DR. BLACKER said* : "The bad effect produced on the heart by pregnancy is, on the whole, not sufficiently marked to justify you in advising a patient strongly that she should not marry. It is true that, if she marries it will be better for her not

* G. F. BLACKER (1907): "A Clinical Lecture on Heart Disease in Relation to Pregnancy and Labour." *Lancet*, May, 1907, pp. 1225-1229.

to have children, and it is true that if she does have a child she should not suckle, but it is not right that a woman with heart disease should be forbidden to marry." Yet *unless* contraceptives are used she runs the risk of repeated pregnancies.]

While considering indications for contraception from the medical point of view it is not out of place to note the reasons guiding married women who have spontaneously adopted it. Data on such a point are, of course, difficult to get, but a very interesting paper has recently been published on the results of a questionnaire in America.* Out of the first thousand replies received from normal married women 734 expressed approval of voluntary parenthood and only 78 expressed disapproval of preventive means.

Other conditions in many homes certainly point to the advisability of contraception. The following are additional and among the commonest reasons for the use of contraceptives.

(*p*) The persistent drunkenness of one or other of the potential parents.

The medical world is now too well

*KATHERINE B. DAVIS, PH.D. (1922): "A Study of the Sex Life of the Normal Married Woman, made by the Bureau of Social Hygiene in Co-operation with a Special Committee." *Journ. Soc. Hygiene*, vol. 8, pp. 173-189. New York: 1922.

acquainted with facts for it to be necessary to point out the inferiority likely to result in the offspring of persons consistently alcoholic, and therefore the racial value or prevention in such families.

(*q*) In homes where permanent poverty or inferior wage-earning exists and where there are already as many children as the parents can bring up decently, contraception is obviously indicated rather than the saddling of the community with children of a very doubtful racial value.

To this even LADY BARRETT, M.D., and the ARCHBISHOP OF CANTERBURY * assent by inference in the little book on "Conception Control," which concludes: "There are many women of the poorer classes in whom child-bearing is sometimes the last straw in circumstances all of which tend to destroy health and vitality." Although LADY BARRETT advises the "safe period" as the best method for the public to use, she ignores its utter unreliability (see p. 85 of this vol.), of which she gives no warning.

(*r*) In homes which at other ti mesmay be comfortable, during periods of extended

* FLORENCE E. BARRETT (1922): "Conception Control and its Effects on the Individual and the Nation. With a foreword by His Grace the Archbishop of Canterbury." Pp. 48. London: 1922.

unemployment it is disastrous both to the mother and the child conceived for a woman to become pregnant. "Doles" such as are granted to her do not free her mind from anxiety and misery which react unfavourably on the stamina of the child and tend to breed *unemployables* to swell the ranks of the unemployed twenty years hence.

(*s*) On the part of women who as a result of very bad times at childbirth or through marital unhappiness so dread the matrimonial advances of their husbands as to suffer nervously from coitus, and still more those who even go so far as to refuse all coitus. Such cases are more frequent than is at present realized, and are the source not only of discomfort and distress to the husband and of physical detriment to the woman, but tend to social instability, divorce, the fostering of prostitution, and other evils.

In such cases as these instruction is not only required in the details of contraceptive methods but also advice on the whole art of marriage. Such knowledge as is given in "Married Love," supplemented by personal details adapted to the individual case have frequently, to my knowledge, resulted in the re-establishment of harmony in the home. Where children exist the

advantage of this to the community is still more obvious.

Incidentally in connection with such cases as this the most difficult and obstinate to deal with successfully is the type of woman who either instinctively, or through early training or by contact with others, has acquired the view that all sex union after the procreation of the desired number of children has been accomplished, is wrong. Such views are often extremely difficult to eradicate and require both great tact and patience on the part of the husband and consultant, but where the woman is normally constituted the effort is well worth while both on behalf of her health and that of her husband and family. DR. ROBIE'S books give at first hand many cases of this sort (see p. 99).

The point of view indicated in the first chapter of this book is one on which great stress should be laid, when dealing with such cases. The reasons for sexual intercourse should be explained, and the woman told that the complete act of coitus has a mutual physiological value apart from its procreative power, and the seminal fluid of the man has accessory qualities apart from its procreative capacity, and that the man is not being merely "selfish" and "self-indul-

gent" when he is having union with his wife. In such cases an understanding of the importance of the coital act, together with instruction in the use of the necessary contraceptives, generally restore normal life and health to the woman.

Many cases exist, particularly in poor families, where the use of contraceptives (and, therefore, presumably instruction in their proper use) is indicated by reason of the puny and unsatisfactory condition of the existing children, although an absolute indication, such as specific disease, may not be present. Toward these congenital "C_3's" the position of the medical adviser will be different according to his temperament and sense of responsibility. One may take it, I think, as a general rule that if a couple have produced more than two unsatisfactory children, the chances of the later children being satisfactory are too remote to justify the responsible medical adviser, *whose first duty is to the State as a whole*, in leaving the couple in such ignorance that they may continue to reproduce involuntarily. It *may* appear to the parents themselves right to bring into the world still another, a *desired* child, which they are able to support; but they should be instructed and the responsibility for it only

taken on voluntarily. Few indeed are the women who would bear more than three unsound children willingly ! And without doubt ignorant, coerced and unwilling motherhood is detrimental to the child even if its ill effects are not evident in early infancy. The difficulty in this type of case is very frequently due to the carelessness of one or both of the couple who may be haphazard, or too mentally deficient, carefully to follow out instructions given. Such cases, of course, raise the important question of permanent sterilization, notes on which will be found on p. 53.

Spacing Births.

The use of contraceptives in order to *space the desired births* of normal people is generally indicated, even on the part of the healthiest woman.

The idea that lactation is a sure contraceptive is, of course, most unreliable and misleading ; and although it is less common for a woman to become pregnant when nursing, it is by no means impossible, and she may become pregnant without menstruation intervening. An illustration is given of a case personally known to me for years :—

Case 251.—A lady in very comfortable circumstances, finely built and exceptionally strong and healthy, exceptionally intelligent and with an intelligent and devoted husband. After the birth of her first child she was told by both doctor and nurse that she could have unions while she was nursing with perfect safety from risk of conceiving. She nursed the infant and became pregnant within a month again. Second child born ten months after the first, it was weakly and died in early infancy. Husband furious with misleading medical advice, ascertained and took contraceptive measures, spaced the next child after three years' interval, next child very healthy and successful and wife regained her strength.

Modern gynæcology is quite clear on the principle that at least two,* preferably three, and in some cases even five years should intervene between successive preg-

* DR. J. W. BALLANTYNE, cross-examined by the Birth Rate Commission: "Q.—Is it not the case that now it is almost a rule for the medical man to tell the parents that there ought not to be another child, say, for two years, and in some cases for three years? I suggest that that advice is much more frequently given now than formerly; that it is a very good thing that it should be given, and that that probably has had a great effect in reducing the birth rate? A.—I think there is no doubt that doctors do say that." Second Report, National Birth Rate Commission, 1917, p. 178.

nancies in the interests both of the mother and the child. Whenever the doctor informs the potential parents that this should be so, the further duty devolves upon him of informing them about the methods best suited to their individual circumstances of achieving this end.

The foregoing paragraph applies with even greater stringency to all cases of Cæsarean section. After Cæsarean section any pregnancy intervening in less than two years is a potential disaster, and should on no account be permitted to take place. That doctor is surely inhuman who, after performing Cæsarean section, fails to give reliable instruction, or to satisfy himself that the couple are sufficiently acquainted with contraceptive methods to ensure his patient's safety for two years.

Whether or not a young couple who as yet have had no children should use contraceptives is a question about which there is greater latitude for individual opinion. Among such couples circumstances of course vary very greatly. There are sometimes the personal requirements of travel where the pregnant wife would have to face conditions likely to be injurious to herself or to her child which would fully justify the imparting of such information to

a bride. In circumstances, however, where the couple are rationally intelligent and in good health the matter of their immediate parenthood seems a subject for their own decision rather than one to be settled by their medical adviser.

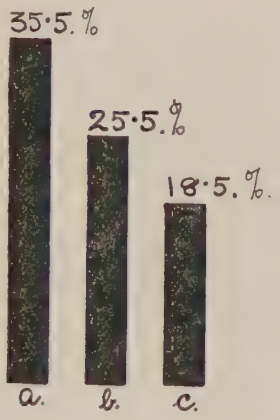
Most of the opponents of contraception consider it only as a negative measure destined to *prevent* births and forget its most valuable positive side. In the interests of the offspring, quite apart from considerations of the mother, the use of contraceptives to space births is of great value in reducing infant mortality.

Recent work has demonstrated quite clearly the life-preserving effect of *spacing* the births of children at suitable intervals. Dr. Weinberg found that the chance of death in the first year alone was so much less as to be almost halved if a two or three-year interval was secured as compared with infants who came as rapidly as with one year's interval or less. These results were obtained from 1,045 cases, *all* from really poor parents of the same class, and are strikingly shown in text fig. 1, p. 45, taken from a compilation of great value

giving a number of other charts illustrating similar facts.*

In my opinion, after a first birth a contraceptive should always be used for not

DEATH-RATES OF VERY POOR CHILDREN IN THE FIRST YEAR, SHOWING THE VALUE OF SPACING BIRTHS.



TEXT FIG. 1.—*a*, with 0·1 year's interval between births *b*, with 1·2 years' interval between births; *c*, with 2 and over years' interval between births. Percentages reckoned on 1,045 cases, after Dr. Weinberg.

less than one year, however much a second child is desired, and similarly after every successive birth (see also p. 220).

* M. V. GRUBER and E. RÜDIN (1911): "Fortpflanzung Vererbung Rassenhygiene." Pp. 191. 260 illustrations. München, 1911. See Weinberg's figures, pp. 132, 133.

CHAPTER IV.

Contraceptives in Use, Classified.

THE Contraceptives at present in use are numerous and their classification might be based on various principles. For convenience I will group them in the following way, numbering each *type* of contraceptive so that they may be easily followed up in the next chapter where I deal with each in some detail.

True Contraceptives include only methods of procedure which **retain potential fertility**, and imply control over the inseminating power of individual acts of coitus.

In contradistinction to these are methods of *sterilization*, temporary and permanent (see pp. 53 and 196) and *abortion* (see p. 54). True Contraceptives alone will be considered in detail in this book.

True Contraceptives.

True contraceptives may be grouped as follows :

A. Actions or modes of procedure by

either sex not involving the use of chemical substances or appliances of any sort.

B. Actions or modes of procedure involving the introduction of chemical substances with the supposed intention of incapacitating the spermatozoa so that they do not fuse with the ovum.

C. The use of appliances by either sex to prevent the spermatozoa coming in contact with the ovum.

Under these various headings I shall include descriptions of all important methods in which reliance is placed by any one, even if some of them may appear valueless to a modern trained mind: for all have some social, psychological, legal or medical significance and interest.

A.—Actions or modes of procedure by either sex not involving chemical substances or appliances of any sort: many of these are mistakenly described as "natural" by persons prejudiced against the application of science to human breeding :—

(I) *Actions by the female :*

(1) Extreme passivity in order to control her own orgasm so that it does not take place (see p. 56).

(2) Placing the body in positions likely in her individual case to prevent

contact of the penis with the cervix (see p. 60).

(3) Sitting upright the moment after ejaculation has taken place and coughing violently, or taking some other exercise to contract the pelvic muscles (see p. 61).

(4) Prolonged suckling an infant or child (see p. 64).

The above methods (all presumably dating from prehistoric antiquity) are still used even in this country, and sometimes relied upon by individual women without failure. It is doubtful whether such women would not prove to be of a naturally infertile type. They offer, however, no general and reliable security to the average woman.

(II) *Action of the Male :*

(5) Extra-vaginal union without normal penetration (see p. 68).

(6) Vaginal stimulation consummating the ejaculation after withdrawal, commonly called "*coitus interruptus*," sometimes called *onanismus conjugalis* (see p. 69).

(III) *By both Parties :*

(7) Control of the coital act so that ejaculation shall not take place even

after prolonged union. Known as "Male Continence," "Karezza," and by a variety of other names (see p. 79).

(8) Seasonal fertility.

(9) *Coitus intermenstruus*, or restriction of the coital act to certain specified dates in the month, commonly called the "safe period," or *tempus ageneseos* (see p. 84).

(10) Mutual and complete abstention from the coital act (see p. 90.

In addition to the above there are still more aberrant practices and the use of other female and male openings which are entirely to be deprecated as pernicious and abnormal and will not be discussed here, although practitioners should be on their guard against their use by their patients and warn them of the nervous and other harmful effects likely to accrue from their use.

B.—Chemical substances introduced with the intention of incapacitating the spermatozoa :—

(*Note :* So far as I am aware such substances are never introduced into the male organ, but are always introduced into the vagina in one form or another. I make this

apparently obvious comment because one man approached me with an absurd thing he wanted to patent which should inject destructive chemicals up the male urethral tube ! Needless to say I did all I could to discourage him from proceeding with his patent).

The commonest chemical substances introduced into the vagina are :—

(11) Quinine compounds in a variety of forms (see p. 104).

(11*a*) As a powder (see p. 104).

(11*b*) As ointment on a sponge, plug, cap, or merely rubbed round the cervix (see p. 105).

(11*c*) In a pessary or suppository contained in a matrix of low melting point wax, such as cocoa butter or gelatine (see p. 105).

(11*d*) Dissolved in or mixed with oil which is injected by a small specially constructed syringe (see p. 113).

(11*e*) Various suppositories (see p. 114).

(12) Alum in powdered form (see p. 114).

(13) Common salt in solution as a douche (see p. 119).

(14) Vinegar and water, or lactic acid, &c., as a douche (see p. 119).

(15) Disinfectants of one sort or another in the form of a douche (see p. 120).

(16) Plain cold water in the form of a douche (see p. 122).

C.—Appliances used by either sex to prevent the spermatozoa coming in contact with the ovum :—

(I) By the Male :—

(17) Condoms (popularly called "French letters") (see p. 125 and p. 184).

(18) Pin or stud-like apparatus supposed to close the urethra in case unpremeditated ejaculation took place before coitus interruptus was accomplished (see p. 132).

(II) By the Female :—

(19) The sponge, used with or without chemical solutions, soap powder, or other potential spermaticide (see p. 132).

(20) Soft plugs (see p. 135).

(21) Special tampons (see p. 136).

(22) Dome-shaped cap-like pessaries designed to fit over the cervix in a great variety of designs and construction (see p. 138).

(23) Cap-like pessary similar to above, but covered with sponge on the convex surface (see p. 157).

(24) Flat lens-shaped cap (Dumas') designed to close the end of the vaginal canal (see p. 158).

(25) Hemispherical-shaped caps with spring rim designed to close the end of the vaginal canal: the "Dutch" cap (see p. 160).

(26) Cap-shaped pessary with separate ring and soft detachable cap, called the "Mizpah" (see p. 166).

(27) "Matrisalus" pessary, rubber cap of turtle-back shape (see p. 168).

(28) Balls of soft rubber (see p. 168).

(29) Large membranous or rubber sheath, or "Capote Anglaise," calculated to cover the internal female organs completely, acting like the male sheath in preventing contact of the seminal fluid with the vaginal surface (see p. 169).

(30) Springs, studs, metal buttons, the "Gold Spring" or "Wishbone" pessary, metal cigar-like structures in a great variety of shapes and forms, designed to enter the cervical canal, and some also to

fill the cavity of the uterus (see p. 170).

In individual cases and for individual circumstances any one or other of the above may be found from time to time advisable, but for regular use, particularly for general use on the part of *healthy* and normal persons, only one or two of the above methods are required. Many are actually harmful, and in the next chapter the relative uses, values, faults of and objections to the various methods will be considered.

Sterilization.

It should perhaps be mentioned that although *castration* of necessity involves sterilization, the best modern methods of sterilization do *not* involve castration.

For men sterilization is an easy and simple matter, best achieved by *vasectomy*, though it may be accomplished in other ways ; and the general use of X-rays seems imminent, for experiments have shown that the properly applied X-rays prevent the maturation of the spermatozoa but do not do any general harm (see p. 199).

For *women* operative sterilization is a

rather more serious business, and the best method is the double tying of the Fallopian tubes and excision of the segments between the ties. Though generally reliable this method is not *absolutely* safe owing to the spontaneous power of the ovum to wander, reported now and then as resulting in unexpected pregnancy.

In women excision of ovaries or womb leads to sterility, but these operations are now seldom undertaken by doctors except to combat definite *disease*. A decade or so ago, however, removal of the ovaries tended to be rather a fashionable operation in some circles.

The subject of sterilization is a separate and very large theme and will not be dealt with fully in this volume, though some further notes will be found on p. 196.

Abortion.

Methods of *abortion* are most frequently used by poor and ignorant women who are denied the necessary contraceptive knowledge, and many and various as they are, all can fairly be described as physiologically harmful as well as legally criminal.

Medically necessary " evacuation of the uterus " or therapeutic abortion is suffi-

ciently dealt with in ordinary books of medical practice and will not be considered at all in this volume. Particularly valuable information will also be found in Taylor's "Medical Jurisprudence."*

* TAYLOR (edited by F. J. SMITH) (1920): "Taylor's Principles and Practice of Medical Jurisprudence." Seventh Edition. 2 vols. London, 1920.

CHAPTER V.

Contraceptives in Use Described and Discussed.

IN the following pages will be described in some detail the various methods classified in the preceding chapter, together with comments on and discussions of their physiological effects and their social values.

TRUE CONTRACEPTIVES.

(A) Actions or Modes of Procedure of either Sex not involving the Use of Chemical Substances or Appliances of any Sort.

By the Female :—

(1) Deliberate passivity in order to control her own orgasm so that it does not take place.

The idea is very ancient that if a woman controls her own emotions so as to inhibit the natural orgasm she is safe from ensuing pregnancy, or, at any rate, her passivity materially reduces her risk of its onset.

This "method" is available at any time, and its practice is certainly a "primitive" form of birth control. PLOSS* quotes RIEDEL as saying that the women of Buru Island often have unions with strange men, but during such unions they keep themselves very passive so as to avoid fertilization. Its persistence even among civilized women as a method of contraception, in spite of the existence of innumerable cases in which the most passive and cold type of woman is known to have become pregnant, is in my opinion explicable only on the assumption that there are individual women who find this method reliable. Such are probably of the type which I have described as under-sexed (see p. 95). Such women probably also tend to have an excess of acid secretion in the vagina (see p. 61), and, therefore, naturally to destroy the motility of the spermatozoa without the use of accessory chemicals, so long as the spermatozoa do not actually get sucked into the uterus. Hence by controlling the orgasm the tendency would be for spermatozoa to be restricted to the vagina for a period long enough for the natural acid secretion to take effect upon them.

* PLOSS, H. (1887): "Das Weib." 2 vols., 2nd Ed. Pp. 576, pp. 719. See p. 308.

Owing to the fact that the medical profession has been reluctant to give advice on the general theory of contraception women have very largely depended on individual help from each other, and therefore the experience of any women who have successfully practised any method is likely to be taken up by others. Evidence that women do still advise each other to use this method reaches me, and from time to time women tell me pathetically that they relied on this method and it failed them. I have not yet personally met a case in which it has proved reliable.

Illustrative Case.

GALABIN* quotes a case of a lady married at 20, who after the age of 40, and with her second husband, experienced the orgasm in coitus for the first time and from that time dated her first pregnancy.

Comment. — In my opinion ordinary women should always be disabused of the idea that this is a safe or practical method. A woman should also always be informed that it is detrimental to her health deliberately to avoid the orgasm which is the

* GALABIN, A. L. (1891): "A Manual of Midwifery." Pp. xxviii, 832. See p. 47.

natural completion and resolution of the stimulus of coitus. In this connection they should be encouraged to read "Married Love," particularly Chapter VI.* It should further be pointed out that the tendency of the woman to become a passive and fear-ridden instrument is also detrimental to the husband, particularly to one of a sensitive disposition, because a nice man does not like to feel that he is merely "using" his wife, and in real marriage mutual enjoyment and mutual completion of the orgasm should be the rule.

As a method, therefore, it is unreliable, and its other detrimental effects lead me to condemn it entirely as a voluntary method to control conception.

The facts noted above, however, are of interest, particularly when viewed as a natural method of *involuntary* control. The lack of orgasm in a woman of the type which has rather an excess of acid secretion in the vagina may definitely lead sometimes to *undesired* sterility. Such cases should be critically studied, particularly in view of PELL's position concerning the prevalence of a natural fall in the birth rate (see also p. 87 *et seq*).

* STOPES, M. C. (1922): "Married Love." Pp. 189. 9th ed. London, 1922.

(2) Placing the body in positions likely in her individual case to prevent contact of the penis with the cervix.

Little need be said about this method as it is merely a sub-variety of (1) (p. 56). The action is based on the experience of certain women that they become pregnant only when the glans penis actually interlocks with the external os. That this ever takes place is, I am aware, contradicted by some medical practitioners. Nevertheless it is a positive fact that it *does* take place. There is little doubt that pregnancy is much more certain when the glans penis does thus interlock with the os. Probably, therefore, there is a slight measure of security for the woman who prevents this taking place if her vagina also be of the "acid" variety.*

Illustrative Case.

Case S. 1.—A lady, five years married, desirous of children, did not become pregnant till the first time she achieved orgasm

* I should at the outset perhaps make it clear that I think that most of these contraceptive questions, and indeed the sex relationships in general, are very much influenced by a physiological feature most generally overlooked, namely, the degree of permanent or temporary acidity or alkalinity of the vaginal fluids. The reactions of the vaginal secretions in different women, and in the same woman at different times, vary enor-

in such a way as to interlock the os with the glans penis, when she at once became pregnant. After the birth of this child, no second orgasm of the kind could be achieved and no second child resulted in spite of every effort.

Comment.—This method is of much greater theoretical interest than practical utility for any but exceptional circumstances.

(3) Sitting upright the moment after ejaculation has taken place and coughing violently or taking some other exercise to contract the pelvic muscles.

These methods, which are very primitive, probably prehistoric in origin, are of considerable interest in connection with the history of contraceptives (see p. 242). Such

mously. Roughly I class them for my own consideration into three main groups :—

(1) Normally weak acid + temporarily alkaline (often associated with fairly intellectual and yet fertile type).

(2) Excessively acid + insufficiently alkaline (often associated with " brainy " and ascetic type, tendency to infertility).

(3) Weakly acid + strongly alkaline (often associated with unintellectual, fertile type. If extreme, what I have called in lectures the " incorrigibly fertile, alkaline type ").

The balances between alkalinity and acidity are the resultant, of course, of the persistent vaginal exudations and the fluids specially secreted under the stimulus of coitus.

action is still relied on by a considerable number of women. This method appears to be one "of common knowledge," but was explicitly mentioned by R. T. TRALL, M.D. (1868), when he said* : "It is well known that, very soon after impregnation, or even conception, any sudden and violent motions which agitate the pelvic viscera and cause the uterus to contract vigorously, will prevent pregnancy . . . . sometimes coughing or sneezing will have the same effect. Running, jumping, lifting and dancing are often resorted to successfully, immediately after connection."

Advice about this method of controlling conception has been repeated from time to time in the semi-popular literature on the subject in many countries ; see for instance that given in 1868,† and widely disseminated. In this category should be included the method still used in China, of the woman sitting up after coitus and drinking cold water.

* R. T. TRALL, M.D. (1868) : "Sexual Physiology : A Scientific and Popular Exposition of the Fundamental Problems in Sociology." Quoted from the 1884 reprint which is identical with the 1868 edition. Pp. xiv, 304. Illustrated. New York and London.

† ANON. : "The Power and Duty of Parents to Limit the Number of their Children." London, 1868. See p. 11.

Though far from being a generally secure method, its effectiveness is undeniable in individual cases, and probably depends on the conjunction in the pair of a narrow os and a passive cervix on the part of the woman, and a compact ejaculate on the part of the man ; also probably on a fairly good muscular development on the part of the woman which would tend to voluntary movement of the vaginal canal. Thus the ejaculate would be expelled in a mass, not leaving individual spermatozoa in the vagina.

Comment.—This method has to recommend it the fact that no "artificial" substance or appliance is required. It should not be advised for use by a woman to whom pregnancy is a serious danger, but if one to whom an unexpected pregnancy is not serious chooses to try the method and finds it satisfactory in her own case, it is much less detrimental than many others. I personally disapprove of it because the accessory secretions in the seminal fluid should be retained by the woman longer than is possible in this method, and also because the very act of sitting up and making any definite contractive movement violates the proper psychological atmosphere which should be retained if the act is to be completely beneficial. Therefore I would

never advise the method except for an emergency.

(4) Prolonged suckling of an infant or child.

A common impression which has unfortunately been fostered by the advice not infrequently given both by doctors and nurses, is that a woman does not conceive while she is suckling.

Prominence has been given to this advice and its dissemination fostered by the current very proper movement to encourage women to nurse their own children. Unfortunately health visitors and even doctors and nurses will deliberately tell women that they will be free from conception if they nurse, in order to induce them to nurse if they are reluctant to do so. I have repeatedly been told by women that they have received this advice; and that medical practitioners of high standing are still actually giving it is seen in the words of DR. MARY SCHARLIEB, published by her in a popular magazine in 1922 when she said* : "If a woman suckles her child for eight or nine months, as she ought to do and as nearly all women can do, and then has a well-earned holiday from

* MARY SCHARLIEB, M.D. (1922): "The Case against Birth Control," *Penny Magazine*, No. 1258, December, 1922. See p. 469

wifely duties, there will be an interval of about two years between the children."

While it is true that there are a good many women who find conception less likely to take place while they are nursing, it is absolutely untrue that suckling in itself affords a safe or even tolerably secure method of contraception.

While it is a very unsafe method of contraception, prolonged suckling has also other medical evils, among which may be noted the tendency it has in the poorer circles to starve the child, for so long as there is a *supply* of milk the mother does not inquire or consider whether it has all the necessary nourishing ingredients. Also it tends to weaken the mother, who is greatly emaciated and nervously run-down as a result of protracted nursing. The very *fear* of pregnancy, which is sometimes intense, also often affects the quality of the milk and hence, also, the quality of the child already born. (See also p. 186.)

While in this country it is only the very poor and ignorant who will continue to nurse a child that is able to walk, yet I have often seen in the East mothers still giving the breast to children of three or four years old because this *sometimes* secures freedom from the fresh conception which they dread.

Illustrative Cases.

Case 251.—A lady in very comfortable circumstances, finely built and exceptionally strong and healthy. After the birth of her first child was told by both doctor and nurse that she could allow her husband to have coitus while she was suckling with perfect safety from risk of conceiving. She suckled the infant regularly and became pregnant again within a month of the date of the birth of the first child. (Quoted also p. 42.)

Cases quoted by ALLEN DAVENPORT* in 1826 when he was speaking of the dread of the poor of further children after they had already had two or three: "This dread urges them on to adopt measures, with eagerness, which only promise to check the rapid succession of children. One of those measures is suckling the last child until it is a year and a half or two years old; I have known instances of children being kept to the breast for three years, when they could walk, talk and stand upon their feet, while they drained the last dregs from the flabby breast of the squalid and consumptive mother. Thousands of women are cut off in the prime of life, after suffer-

* ALLEN DAVENPORT (1826): In a letter on the Poor Laws in the *Republican Magazine*, No. 7, vol. xiv, August 25, 1826.

ing the most excruciating pains, by the wretched practice of excessive suckling; and thousands more have perished by deleterious drugs which had been madly swallowed to procure abortions!"

I have been told by many poor mothers to-day that such and such a child in their families resulted from conception when nursing under the misapprehension that they would then be safe.

Comment.—While I give, of course, the warmest support to the view that mothers should nurse their own babies wherever it is physically possible, I most strongly condemn the suggestion that suckling should be advised as a contraceptive or that women should ever be misled by being told that they are safe from conception at this time. It is true, of course, that many women are less liable to conceive when they are suckling, but none are really safe from unexpected conceptions at that time. A woman who conceives again while she is nursing one infant, wrongs three people—the infant she nurses, herself, and the potential child in her womb. Suckling should *never* be encouraged as a contraceptive measure.

Methods used by the Male :—

(5) Extra-vaginal union without normal penetration.

Methods which can be classed under the above heading vary in individual detail, and are probably more commonly used in illicit intercourse than in normal marriage. Essentially they consist of modifications of the procedure by which contact is arranged between the penis and the labia majora without entry into the vaginal orifice. The relative position of the sexes in this partial union and the actions of the female may be very greatly varied. Some women may participate more or less actively, while others may be passive.

Even this method is also unsafe: though it is very rare, conception can and does occur even in a *virgo intacta*. A recent illustration of this is found in the famous Russell case.

Comment.—Used as methods of "Birth Control" such abnormal procedures must be entirely condemned. Although possibly less detrimental to the participants than some other practices in vogue, such procedure is to be deprecated principally on the grounds of the unwholesome nervous reactions involved. The main physiological objections are like those to other forms of

abnormal coitus, and need not be repeated under this heading (see in particular pp. 71, 76 and 208.)

(6) After vaginal stimulation, consummating the ejaculation externally, commonly called "coitus interruptus" or "withdrawal"; sometimes called "onanismus conjugalis"*; confusedly called "self-control" by many.

This form of truncated union is still one of the most prevalent—if not the most prevalent—among birth control methods still in general use in England, although the publication of "Wise Parenthood" with my explicit demonstration both of its harmfulness and unreliability has tended to reduce the number of people using it. Doubtless this method is used outside marriage, and it is certainly widely used in ordinary marriages. It consists in normal penetration before or after stimulation and erection have taken place, the "control"

* Some Roman Catholics in a most misleading and unscientific way call *all scientific control of conception* "onanism"; thus the use of douches by a woman would be called "onanism." This reprehensible confusion is deliberately created so as to appear to get biblical authority against control of conception by referring to the biblical condemnation of Onan for his totally different physiological act, with its dissimilar result as well as his totally different intention. See the Roman Catholic attitude expressed by MONS. BROWN, p. 411, Birth-rate Commission Report, 1917, second edition.

The word is also used for masturbation, see p. 258.

feature of this method being the fact that when the man feels ejaculation approaching, he withdraws the stimulated penis and permits the uncontrollable ejaculation to take place exteriorly and away from the vagina.

Described as "masculine prudence," it was one of the methods discussed in the very early days, and FRANCIS PLACE and his associates knew of and spread knowledge of it about 1823-6, as I found by search in his original manuscripts, now in the British Museum.

This method is so widespread and has had in the past so many supporters and users, and is looked upon with considerable favour by so many ignorant of its harm, that it demands more detailed consideration than most other methods.

The main points of objection to it are two-fold. Although it may appear "harmless" to a good many rather strong or insensitive individuals, its *tendency*, and its actual result in a great many cases, is to injure the nervous systems of both the man and the woman.

Harmful Effects.—Briefly, the effect on the man's nervous system is that, at a moment when the power of thought and central control is or should be in abeyance

and his emotions and reflex actions at their freest, he is called upon to exercise careful watchfulness and critical control from the central nervous system. The strain is very great even if successfully accomplished. In addition to this the local effect on his own organ is harmful, because at the time of ejaculation the surrounding gentle support and the general soothing influence of vaginal enclosure and contact are absent. The evil effect on individual men is sometimes so great as to destroy the general health and make them thoroughly nervous and run-down, or to induce more explicit symptoms of neurasthenia and even functional disorders.

On the woman the effect is harmful if she is of a nervous disposition owing to anticipatory fears of failure. Where this is not so and the woman is placid and satisfied in this respect, it is nevertheless harmful because she is deprived of the full benefit of union. She is in a position comparable in this respect with that of the wife of a man suffering from too hasty ejaculation, of whom POROSZ noted that such a woman may suffer neurasthenia even approaching insanity, and be cured when her husband was cured, as she needed the

complete union.* The woman is also deprived of the possibility of the man's penis interlocking with the cervix (which alone makes an *absolutely* complete and perfect union).

The effect on the woman's feelings at the time are rather well described by a patient of BOOTH's,† who "confessed the practice, and when pressed for a description of her feelings after the act, replied that the only way she knew how to express it was that 'she felt like she wanted to sneeze and couldn't.'"

The woman subjected to this process is also deprived of the possibility, after the union has been completed, of the beneficial absorption from the seminal and prostatic fluids. I have many cases of private persons who look upon it as certain in their own lives or that of their friends that not only the orgasm in coitus, but also the presence of the seminal fluids is beneficial to women.

Various detrimental effects of *coitus interruptus* were explicitly made clear in "Wise Parenthood" in 1918, and since

* M. POROSZ (1911): *Brit. Journ. Med.*, April, p. 784.

† DAVID S. BOOTH (1906): "Coitus Interruptus and Coitus Reservatus as Causes of Profound Neuroses and Psychoses," *Alienist and Neurologist*, vol. xxvii, No. 4, pp. 397-406, St. Louis, U.S.A., 1906.

that date I have received a number of confirmatory opinions and cases including the valuable evidence of SIR ARBUTHNOT LANE (see also pp. 76 and 208).

No. 1052 (a Medical Officer of Health) writes me: "From my experience I am sure the presence of the semen in the vagina is beneficial to a woman."

No. 1002 (a practising doctor, M.B. and Ch.B.Edin.): "I was much struck by your opinion that the health of a married woman depends to some extent upon her experiencing the sexual orgasm and some absorption of the male ejaculate. I have long held this view. I have found that the physical signs of age are most noticeable in married women whose husbands practise withdrawal and who themselves never fully complete the sexual act. Especially is this noticeable just before or during the menopause."

No. 1050 (an M.D. married to a medical woman): "To us, personally, your books have been of much value, and indirectly, through me, to many of my patients. Amongst the uninformed 'coitus interruptus' is undoubtedly the only method made use of, and, in its train, it brings unhappiness sooner or later, I find."

Although continually advised and used

by some members of the medical profession, various careful observers have spoken against it, but perhaps the reason their sound attitude did not become universal may have been the briefness and incompleteness of their exposure of the dangers of the method. The great French scientist, CH. FÉRÉ, said in 1899 : " Le coït réservé joue un grand rôle dans la production de la neurasthénie et en particulier de la neurasthénie sexuelle ; si l'effet n'est pas constant, il ne peut pas être nié."*

Without discussing the method with much detail or subtlety, KISCH† in the " Real Enzyklopädie " quotes a variety of authors who think it harmful : " Von Gynäkologen hat VALENTA den Coitus interruptus als eine Hauptursache der chronischen Metritis bezeichnet. ELISCHER sah davon Perimetritis eintreten. GRAEFE führt als Folgen des anhaltenden Coitus interruptus chronische Hyperämie des Uterus und Oophoritis an, GOODELL beobachtete als solche Folge eine Verlängerung des cervix uteri, MENSINGA giebt also consekutive Erkrankungen Uterus infarct Oedem der Portio Anätzung des

* CH. FÉRÉ (1899) : " L'Instinct Sexuel, Evolution et Dissolution." Pp. 346. Paris, 1899.

† E. H. KISCH (1900) : In Eulenburg's " Real Enzyklopädie," vol. xxvi, pp. 372-382. Berlin and Vienna, 1900.

Orificium, hysterische Anfälle, Convulsionen, Cephalalgien, Kardialgien u.s.w." KISCH* also, in his own book, notes the cardiac injuries to women due to *coitus interruptus*. BOOTH† in 1906 detailed three cases of extreme nervous disorder, affecting locomotion and functions, which he attributed to the use of *coitus interruptus*.

FREUD also lists coitus reservatus as one of the causes of anxiety neuroses in men, and FÜRBRINGER speaks against it.‡ Nevertheless HAVELOCK ELLIS§ who recognizes that it may injure the woman, mistakenly says · "The injurious effect on the man, who obtains ejaculation, is little or none."

As regards the deprivation of the woman it should be noted that she is not only

* E. H. KISCH (1910) (1908): "The Sexual Life of Woman," translated from the German of 1908. Pp. xi, 686 and 97. Illustrated. London, 1910.

† DAVID S. BOOTH (1906): "Coitus Interruptus and Coitus Reservatus as Causes of Profound Neuroses and Psychoses," *Alienist and Neurologist*, vol. xxvii, No. 4, pp. 397-406. St. Louis, U.S.A., 1906.

‡ P. FÜRBRINGER, DR. MED. (1904): In "Health and Disease in Relation to Marriage and the Married State." Edited by SENATOR and KAMINER. See article: "Sexual Hygiene in Married State," pp. 209-242, English translation. London and New York, 1904.

§ HAVELOCK ELLIS (1921) (1910): "Studies in the Psychology of Sex," vol. VI; "Sex in Relation to Society." Revised edition. Pp. xvi, 656 (see p. 551). Philadelphia, 1921.

deprived of the full and prolonged contact, but also of the seminal fluid itself. That seminal fluid is probably a stimulant was suggested long ago by JOHN HUNTER,* who said : "The semen would appear, both from the smell and taste, to be a mawkish kind of substance ; but when held some time in the mouth it produces a warmth similar to spices, which lasts some time."

HAVELOCK ELLIS brings together a number of data bearing on the question of the value of the seminal fluid for women, concluding : "If semen is a stimulant when ingested, it is easy to suppose that it may exert a similar action on the woman who receives it into the vagina in normal sexual congress."† And after I published "Wise Parenthood," in which I expressed my personal disapproval of the method, SIR ARBUTHNOT LANE, the famous surgeon, told me of some interesting cases of his own which certainly seem to indicate that part at least of the *prostatic* secretion is beneficially absorbed by the woman from the male ejaculate deposited in her vagina.

* JOHN HUNTER (1793-1800, publ. 1861) : "Essays and Observations on Natural History, Anatomy, Physiology, Psychology and Geology." Posthumous Papers, edited by Owen. 2 vols. Vol. i, Pp. xvii, 403. London, 1861.

† H. ELLIS (1920) : "Studies in the Psychology of Sex Erotic Symbolism." Pp. x, 285. See pp. 171 *et seq.*

A few cases have used this method a long time and have found it satisfactory, but the great majority of observant persons are conscious of and recognize some harmful effects from the procedure.

Unreliable.—As regards the reliability of this method as a contraceptive there is also something to say. It fails from time to time owing to the man's lack of control; but it also fails at times apparently inexplicably, and when the man and woman both assert absolutely that no failure *could* have taken place! One reason of failure is clear, for it is naturally difficult for a man in the state of emotion induced by proper coitus to be quite sure what happens. There is, however, a more fundamental and more interesting cause of failure. *Before* the main ejaculation takes place (of which the man is conscious) small preliminary exudations are general, and in these, active sperm may be present. In his own person, one of my distinguished medical correspondents observed active sperm cells at the time of erection and before ejaculation had even approached onset.*

* This case was published for the first time in the 6th edition of "Wise Parenthood" (1920), and has since been taken by other writers, but without acknowledgment of the source.

This doctor (who desires me not to publish his name) writes: "It is easy to prove with a microscope and a warm stage (as for observations on white blood corpuscles) that living and active spermatozoa are present in the beads of clear secretion which often —probably always—are seen at the urethra when an erection of the penis has lasted for even a short time. This is mostly secretion of Cowper's glands, like the Bartholin secretion in women, and serves as a natural lubricant. I have myself seen the spermatozoa in it." This takes place even in perfectly healthy men. We must also bear in mind cases of "spermatorrhœa" in which even large drops of semen exude during rectal evacuation and may remain clinging to the glans penis.

Coitus interruptus is, therefore, an inherently unreliable method. Many medical practitioners now recognize this as a very unsafe as well as harmful method, although DR. J. RUTGERS, the Dutch Malthusian expert, says: "Withdrawal is also a secure method when the husband has, or acquires, sufficient control of himself."* This I deny.

Comment.—For general use the method should always be advised against, although

* J. RUTGERS: "What every Married Couple should Know." Pp. 15. The Hague, 1917.

perhaps it may be satisfactory in isolated instances of emergency. I condemn the method both on the grounds of its harmfulness to the male central nervous system, and its local effect, and because it deprives the female of the proper completion of the physiological reactions set in motion by the onset of the coital act.

By Both Parties :—

(7) Control of the coital act so that ejaculation shall not take place even after prolonged union. Known as "Male Continence," "Karezza," "Zugassent's Discovery," "Sedular Absorption," "Magnetation," "Self-Control," and by a variety of other names.

This method consists, like *coitus interruptus*, in the normal and unclothed and unhindered entry of the penis into the vagina, but differs from *coitus interruptus* in controlling the nervous excitation so as never to approach the onset of the orgasm. The union is protracted, and the erection, after being active for a length of time varying from twenty minutes to ten hours, naturally subsides before withdrawal from the vagina.

NOYES claimed that he discovered it in 1846, and he gave an interesting account of the method,* but it was undoubtedly known

* JOHN HUMPHREY NOYES (1877): "Male Continence." 2nd ed. Pp. 32. Oneida, 1877.

and practised in the Orient, centuries before his time.

This **separation** of the **amative** from the **propagative** act has *theoretically* much to recommend it, but I do not know of many successful cases, and this is probably due to the fact that the process of normal ejaculation results in benefit to both contracting parties. Men who have not the power to produce ejaculations more often than once or twice a year, however, do exist and in my opinion are commoner than is generally supposed. For such men, possibly, this method might prove useful.

DR. RUTGERS says, "Just as it is possible to keep back one's tears when deeply moved, so can some men have prolonged connection by using will-power to hold back emission of semen. This method of intercourse without impregnation has been called carezza or ZUGASSENT's discovery, and it requires very considerable effort of the will and practice. But this variety of continence can also cause nervous trouble. It may also fail, unless the husband uses condoms, or withdraws if he feels his semen about to escape."

The method is chiefly practised by a variety of sets of people in America, the best known being those who formed the

Oneida Colony which was founded by JOHN HUMPHREY NOYES. A full account of the theory and practice is given by a medical woman in "Karezza" * and a pamphlet with letters about successful cases by MRS. MARGARET SANGER.† A fuller and more interesting account was published long before by DR. FOOTE in his popular "Home Cyclopedia." ‡

As MRS. SANGER tersely puts their rather elaborate views, "The advocates of the magnetation theory claim that the sexual organs have *three* distinct functions, viz., urinary, propagative, and amative—i.e., they are conductors firstly of urine, secondly of semen, and thirdly of social magnetism. Each are separate and distinct in itself" . . . so that they use the erected organs for *love* but control ejaculation so as not to inseminate save on special occasions.

I have personally only come across about half a dozen people who use this method.

* ALICE B. STOCKHAM, M.D. (1896) "Karezza." Pp. 136. Chicago, 1896.

† MRS. M. SANGER, "Magnetation Methods of Birth Control," New York. Pp. 20, no date on title page. I think it is about 1915.

‡ E. B. FOOTE, M.D., "Home Cyclopedia of Popular Medical, Social and Sexual Science." Many editions I refer to the "Twentieth Century Edition." Pp. 1225, illustr. New York, 1902.

All these were exceptionally intelligent people and all spoke enthusiastically of it. As I stated in "Married Love," however, I do not think it suited to the requirements of the average healthy man or woman. One case known to me failed without the man's knowledge and pregnancy resulted in the wife.

I have some details from a correspondent about a small colony for its practice founded in this country, but the data seem to me to be still insufficient to convince others of the claims made by those who practise this.

Illustrative Case.

Case No. 1,001. A British man describes himself, "It was not until at 53 I was married and could test the Oneida method, but when I did so, I found it easy, healthful, safe, and all that could be desired." He continues to eulogize the method and says what "puzzles me is the persistency of European writers to ignore the best check of all, as many think, and the *only* check which has been *thoroughly investigated* (in the U.S.A.) medically, socially, and in every other way." In addition to the large-scale experiment in Oneida, "Recently in England a group of eight intellectuals put male continence to the

test for several months, and I have a very beautiful statement from the lady promoter in which she says—'I have never seen anything but good come from this training.' The claim is made that "during ten years we had but two accidental children born to a family of three hundred members."

Comment.—The method does not appear to be one to recommend, except for special cases. The whole idea appears to me one about which scientific opinion should be cautiously reserved, yet alert and inquiring.

(8) Seasonal Fertility.

Although among primitive races there are peoples to be found among whom a regular seasonal exhibition of sex activity still exists, as, for instance, the Esquimaux, some native tribes in Siam, and so on (see MARSHALL,* and various works on Anthropology), yet among the Anglo-Saxon and Celtic races which compose Western European peoples none remain so definitely seasonal in their potentialities for fertilization as to possess an *annual* "safe period," although there is a certain amount of evidence that the spring months of May and

* F. G. A. MARSHALL (1910): "The Physiolcgy of Reproduction." Pp. xvii, 706. See p. 70.

June are more liable to yield conceptions than the mid-summer and mid-winter months.* Hence, there can be no "birth control method" involving a seasonal restriction of intercourse. The use of the "safe period" among our peoples implies a mensual safe period and not an annual one, such as might be still practical among the primitive peoples.

(9) "Coitus Intermenstruus" or Restriction of the Coital Act to certain specified Dates in the Month, commonly called the "Safe Period," sometimes "Tempus Ageneseos."

This method of birth control is a very old one and has had a very interesting history. The earliest reference in the scientific literature of Europe which I have is POUCHET in 1842†, but unfortunately I have not been able to see this book and depend on HANS FERDY's quotation. At the present time it is, as a matter of fact, the only method in addition to total abstention which is sanctioned by a variety of religious bodies, because, owing to clerical ignorance of the true functions of sex union,

* CHARLES RICHET (1916): "De la variation mensuelle de la natalité." *Compt. Rend. Acad. Sci.*, Paris, vol. 163, pp. 141-149.

† F. A. POUCHET (1842): "Théorie positive de la fécondation des mammifères." Paris, 1842.

the clerics are under the impression that it is "natural." It is, however, quite an unnatural method ; *no* natural female animal allows the male entry when she is not "on heat." It is also unnatural because it prescribes the times at which a man is to approach his wife without any relation whatever to his feelings, to her natural disposition and rhythm, or to incidental and quite right stimuli such as anniversaries, romantic remembrances, &c. It therefore tends to thwart the natural and romantic feeling at the time when it may be roused, and tends also to lead to an unnatural sense of duty at the available times for the man to perform the act when he may not be particularly inclined to do so, yet feels that he had better do so when he may, as the opportunity may not be available at the time he naturally desires union.

A similar argument applies with still more cogency to the woman, for the ordinary "safe period" which comes at the inter-menstrual phase is the time when she is less likely to have normal sex potentiality.*

Nevertheless, the Roman Catholic Church, otherwise so violently opposed to control

* M. C. STOPES (1918), (1922): "Married Love," current edition. Pp. 191, see charts. London, 1922.

of conception, allows the preventive means of the use of the "safe period." The REV. MGR. W. F. BROWN, Vicar-General of a Roman Church, said, under cross-examination by the Birth Rate Commission: "Where all other deterrents fail, married couples may be allowed to limit intercourse to the inter-menstrual period, sometimes called *tempus ageneseos*."* He follows this by the warning that the method is not perfectly safe, thus showing more wisdom than the Anglicans who now give the same advice but treating the "safe period" as really safe, bring both themselves and the ecclesiastical position into contempt.

The length of the supposed "safe period" varies in individual women; in some it lasts over a fortnight; in some it lasts but three or four days; in many it does not exist at all. It is recorded in the literature that the woman can determine this for herself,† and I have had this confirmed by women who have been known to me, not by mere cor-

* Report of the National Birth Rate Commission, 1917, "The Declining Birth Rate," London, 1917. Second edition. Pp. xiv, 450, see p. 393, and also p. 403.

† R. T. TRALL, M.D. (1866): "Sexual Physiology: A Scientific and Popular Exposition of the Fundamental Problems in Sociology." Third ed. Pp. xiv, 312; 78 illustrations + Appendix. New York and London, 1866.

respondence only but by direct personal confidences, on which I have cross-examined them. I have noticed these women, however, are of the type which I should call "ascetic" or intellectual, with the sex activity rather below than above the normal, although their emotional and affectional activity is strong and romantically felt.

In giving evidence before the Birth Rate Commission I* said something about these types, for it seemed to me that to discuss such physiological points without recognizing that different types of women exist, was futile. The point appears to me particularly important and interesting in connection with the idea that there is a natural reduction in fertility (see pp. 59 and 88).

In my opinion what truth there is in the idea of our natural tendency toward reduction of fertility is not explicable on the basis of mere environmental conditions, but depends on the existence of this physiological type of woman, and the correspondingly undersexed type of man.

In this connection I feel that we have in this type of woman who has, and is able to verify in her own life that she has, a really

* M. C. STOPES (1920): In the Second Report of the National Birth Rate Commission, "Problems of Population and Parenthood," see pp. 241-255. London, 1920.

reliable "safe period," the only true form of relative sterility which we can at present recognize and investigate. I say this with deliberate intention because in my opinion intelligent study of this matter is at present always confused and almost all the arguments of thinkers and statisticians are invalidated by the fact of the enormous prevalence of gonorrhœa, mumps and other sterilizing diseases, histories of which are not inquired into before statistical and other arguments are deduced from merely numerical records.

It will be recalled that recently PELL reopened discussion on the subject of the tendency to natural infertility.* His data were mostly statistical, but I feel the need of inquiring into the *physiological* basis of these data, and I think I see the physiological type tending toward a natural sterility, in those who have a well-marked "safe period." The subject is full of interest and should be further investigated; it is, however, rather outside the scope of the present work.

To return, therefore, to the use of the

* C. E. PELL (1921): "The Law of Births and Deaths: Being a Study of the Variation in the Degree of Animal Fertility under the Influence of the Environment." Pp. 192. London, 1921.

"safe period" as a method of controlling conception. It is, in my opinion, only safe in certain types of women, and these are the types which have a natural tendency towards sterility, although they may not be sterile for the whole month. It is a method which individual women find satisfactory and useful, and may legitimately be explained to any patient who desires to use the method, and is herself able to determine what is the limit of her own "safe period." It should *not* be taught as suitable for general use by the Churches, by Health Visitors, Social Reformers, and others who assume to themselves the position of instructors. Because even if a woman of the "below par" type may find it in her own life absolutely reliable, the poor woman whom she may be instructing, who is probably normal or even a strongly sexed, fertile type of woman, may be entirely and cruelly misled, for, so far as observations and experiences confided to me go, *the ordinary working-class healthy woman has no safe period at all.* The advocacy of the "safe period," therefore, as a general rule, particularly by those who set themselves up to be spiritual advisers and social reformers, brings the whole subject of sex reform into contempt, as the advice is misleading when applied to normal people.

Nevertheless, it is now very actively advocated by clerics* and by clerically influenced medical practitioners, as in Lady Barrett's small book with its preface by the Archbishop of Canterbury.†

Comment.—The "safe period" may be used by individuals who are acquainted with the above facts, and who find that their own type is such that the "safe period" is suitable, but it should never be recommended in general. Even for those whom it appears to suit, I think the method a cold, calculating, pseudo-restraint which tends to debase the true sex relation, and reacts unfavourably on the character of both participating parties, and is, moreover, quite unnatural.

BY BOTH PARTIES.

(10) Mutual and Complete Abstention from the Coital Act.

Although this is a negative form of birth control, and consists in the absence of coitus, yet the physiological effects of this

* See Evidence in the First Report of the National Birth Rate Commission: "The Declining Birth Rate, its Causes and Effects." Pp. xiv, 450. London, 1917. See p. 64 *et passim*.

† LADY BARRETT, M.D., 1922: "Conception Control and its Effects on the Individual and the Nation. With a Foreword by His Grace the Archbishop of Canterbury." Pp. 48. London, 1922.

procedure should be noted under the heading of contraceptive measures, because this is the chief method of control advocated by a large number of very religious persons.

Total abstention from the coital act on all occasions when conception is not deliberately desired is advocated by individual so-called reformers, and this, and slight modifications of it, are advocated by the leading Churches. Excellent authoritative statements of the positions of the Anglicans, Roman Catholics and Jews are given in the Report of the National Birth Rate Commission.* Although in an ordinary way the use of the "safe periods" (see p. 86) is permitted, and the Churches unite in their denunciation of "artificial" methods, yet in some circumstances they demand a *total abstention*, which does not appear to present itself to them as equally artificial in marriage! For instance, discussing the procreation of feeble-minded persons, the Roman Catholic authority replied to the questioning Commissioners (*p. 397) "it may be perfectly well counselled to such persons that if the results of their inter-

* The "Declining Birth Rate, its Causes and Effects," Report of Chief Evidence taken by the National Birth Rate Commission. Second edition. Pp. xiv, 450. London, 1917. See particularly pp. 389, 425 and 436.

course had been deformed or defective children, that there should be a duty on them to abstain."

How lacking also in scientific knowledge of the complexities of the act of coitus, and how inhumanly uncharitable are some of the Anglican Bishops, may be gathered from the reply to the Birth Rate Commission in cross-examination of their representative who said to the question, "Then, the end being secured by conception, would you say that intercourse was unlawful until it was necessary for another conception!" *A.* "I disapprove entirely of intercourse if there is any other motive." And also from the fact that in their more recent Encyclical Letter the Bishops go so far as to class all scientific contraceptives as "incitements to vice"! * This amazing paragraph should be quoted in full; it is (p. 45): "70. The Conference urges the importance of enlisting the help of all high-principled men and women, whatever be their religious beliefs, in co-operation with, or if necessary, in *bringing pressure to bear upon*, authorities both national and local, *for*

* "Conference of Bishops of the Anglican Communion, holden at Lambeth Palace, 1920. Encyclical Letter from the Bishops, with the Resolutions and Reports." Second edition. Pp. xiv, 161. London, 1920.

removing such incentives to vice as indecent literature, suggestive plays and films, the *open or secret sale of contraceptives*, and the continued existence of brothels". (my italics).

Although it is not a positive Birth Control measure, total abstention from the coital act in marriage has psychological and physiological reactions of sufficient seriousness to warrant its consideration in a medical work. This method of procedure is more usually insisted upon by the woman than by any but sub-normally sexed men, although there are ordinary men who have been led to believe that it is their duty to take this attitude towards marriage.

The physiological results on the man of total abstention extending over many months or years are very numerous, and depend in their intensity of expression on the physiological type of the man.*

It should be noted that the deprivation of coitus in marriage is physiologically a different thing from chastity in the unmarried man. The daily (sometimes hourly)

* See M. C. STOPES (1920): Evidence before the National Birth Rate Commission, pp. 242-255 in "Problems of Population and Parenthood, being the Second Report of the Chief Evidence taken by the National Birth Rate Commission." Pp. clxvi, 423. London, 1920.

stimulus or contact with a beloved wife is a very different thing from celibate absorption in work apart from feminine companionship. Temporary periods of abstention in marriage, particularly when the abstention is an act of love in the interests of a temporarily indisposed wife, are not likely to have any harmful physiological result, and are attainable by any man with a normal strength of will and character. But total abstention for life, or for many years, does have results in general harmful both to the individual and the society in which he lives.

Depending on the physiological characters and temperament of the man, three main results are to be expected from total abstention in marriage over protracted periods :—

(*a*) The man of sex vitality below par or the man engaged on very absorbing and strenuous *intellectual* work is, on the whole, likely to achieve this enforced celibacy within marriage without any very material disturbance of his physiological functions, but with the probable result that if it is extended over many years his potential fertility may be reduced or totally lost (see p. 98). And even with the best will in the world he will hardly prevent himself getting

at least a little "queer" and fidgety if not actually irritable.

(*b*) The normally sexed, healthy man, if on good terms and affectionately disposed towards his wife will probably be subjected to a strain which will be detrimental to his health, tending to nervous reactions, sleeplessness, possibly debilitating nocturnal emissions and to a development of irritability and general lack of sense of well-being and nervous control.

(*c*) The third, or possibly oversexed type of man will, it is almost certain, give up the struggle after some time has elapsed and add to the number of those who support prostitution and illicit mistresses.

Similarly the effects on the woman would be as follows :—

(*a*) If she is of the "frigid" or undersexed type, she may imagine that she feels better without union, but at the same time she will probably develop some form of sleeplessness, digestive complaint, nervousness or hysteria. She will probably resent any indication that she would be better for the normal sex act as she will be of the type who considers herself "superior" to ordinary human sex life. If she is of the extremely ascetic type, reasoned argument will probably not prevail and the situation

offers little hope of rectification for a normal husband who may be married to her.

(*b*) If she is a normally sexed, healthy type of woman who has acquired such ideas against sex union as the result of false education or contact with abnormal or under-sexed women, then the medical practitioner by suggesting suitable books* will probably be able to put the matter right and to restore her and her husband to normal health.

(*c*) If the woman is of the very strongly sexed type she is less likely to have come into this category and unlikely to have demanded this form of Birth Control, although it is not impossible that such a strongly sexed type may have married a man who has got the crank idea that union should be for procreation only, in which case her predicament is not one easy to solve unless the husband be particularly broadminded.

Illustrative Cases

Case A 21.—A normally sexed man married to a very cold woman who de-

* Such as "Married Love," by STOPES; "Love's Coming of Age," by CARPENTER; "The Art of Love," by ROBIE.

manded "union for procreation only." *On the first night* of the marriage the husband learned this and realized his bitter mistake. He was a loyal and conscientious man and remained faithful till after the birth of four children, when his wife refused to have any more. Then for twenty years he was permitted no unions and no pleasantness or human endearments. After some years he resorted to prostitutes, as his health suffered. Then he fell seriously in love and desired freedom to marry, but his wife refused absolutely to divorce him. He has no redress. Nocturnal emissions made him feel ill and unable to do the hard brain work of his profession, and so he is one of those who are assisting to maintain the institution of prostitution. The wife is unhealthy, sleepless and very "difficile."

DR. ROBIE writes "The present writer has the advantage of knowing the inner lives of thousands of married people whose whole lives are exemplary and whose idealism is unquestioned. His knowledge of many of these men and women extends over more than a quarter of a century. . . . The method of moral restraint and sublimation wrecks homes among the people who have high ideals just as surely as unbridled licen-

tiousness wrecks homes among those who have low ideals or none."*

An *Illustrative Case* taken from DR. ROBIE is as follows (p. 386) : "A woman married with a definite purpose of having intercourse for procreation only, first ascertaining that her husband-to-be was of the same mind. She has several children, is devoted to social questions, and especially seeks to be helpful to young men and women. Her health is frail. Her husband visits her for a week or two at a time on an average of about twice a year. She is evidently not happy in her home. He is evidently a fanatic or a crank."

Many propagandists of "purity" assert that long periods of total abstinence have no deleterious effect on men, but even DR. MARY SCHARLIEB has pointed out the danger of resulting impotence. She said : "Men in a great many cases abstain during the first few years of marriage, and then, when they are most anxious to have children they cannot. I cannot explain it except by assuming that it is the result of thwarting nature. They are quite capable when first married, but in consequence of persistently

* W. F. ROBIE (1920) : "Sex and Life." Pp. 424. Boston, 1920. See pp. 379-80.

thwarting nature they become incapable,"* and continued : "Directly a couple are living together in the intimacy of marriage, abstention appears to have a very deleterious effect" (p. 271).

This is confirmed also by DR. COOPER,† who said : "Everything depends on the individual, but probably it may be laid down as a general rule that enforced and protracted continence is almost always injurious to a less or greater extent, according to its duration."

DR. ROBIE, the famous American Sexologist, in a letter to me on this subject writes : "I can remember many men, clergymen and educators principally, who have denied themselves as a matter of principle, erroneously thinking thus to conserve their energies and attain to the highest mental efficiency. After convincing explanations they readily recovered, a part at least, of the virility that had been lost through repression ; and it would be difficult to say to-day whether these men or their wives were most delighted at the

* Report of the National Birth Rate Commission, London, 1917. Pp. xiv, 450. See pp. 269-271.

† ARTHUR COOPER (1920) : "The Sexual Disabilities of Man and their Treatment and Prevention." 4th ed. Pp. viii, 266 ; 2 illustrations. London, 1920.

increased health, happiness and efficiency of both."

And LORD DAWSON OF PENN said:* "If this harmful restraint succeeds in preventing conception there eventuates the inevitable prevalence of sex excitement followed by abortive and half-realized satisfaction, and the enhanced risk of the man or woman yielding to outside sex temptations. No—birth control by abstention is either ineffective, or, if effective, is pernicious."

An interesting suggestion was made to me by a medical practitioner, who wrote, (No. 2016): "My own belief is that enlarged prostate is due to sexual congestion unrelieved. It is most often found in men with a clean record. In books and articles upon the subject the sexual history is seldom or never referred to. In middle class life, after middle life, wives develop a disgust for sexual life. In many cases the husband, out of consideration for the wife, gives up sexual intercourse while retaining sexual passion. This leads to sexual congestion and in some cases to prostatic enlargement."

I embody this suggestion here as it is one

* LORD DAWSON OF PENN (1921): "Love—Marriage—Birth Control: Being a Speech delivered at the Church Congress at Birmingham, October, 1921." Pp. 27. London, 1921. See p. 22.

which at least indicates an interesting line of inquiry.

Comment.—The method of total abstention is in my opinion essential to be used in every home as a *temporary* measure during the ill-health of either wife or husband. I think, on the other hand, it should not be used by normal persons as a measure extended over long periods of time, for its subsidiary ill-effects more than counterbalance any "moral" advantages if it is used for long periods. It is, moreover, the *most* "unnatural" of all methods of contraception which can be used by a loving pair.

(*B*) Actions or Modes of Procedure Involving the Introduction of Chemical Substances with the Supposed Intention to incapacitate the Spermatozoa so that they cannot fuse with the Ovum.

Long before the true nature of the spermatozoa could have been known (that is, centuries before microscopes were invented) it was already recognized that the introduction of certain chemical substances into the vagina tends to inhibit conception. Thus in an ancient Sanscrit book of love the use of alum was advised, as well as various decoctions of herbs.

The object of the introduction of chemicals of any sort is the intention to incapacitate the spermatozoa and thus render them incapable of movement or of union with the ovum. The minute size and delicate structure of the spermatozoa render plasmolysis *in vitro* easy of achievement. As is well known, each human spermatozoon is 0·05 mm., or $\frac{1}{300}$th of an inch, including its long cilium or tail. (For descriptions of the spermatozoa of man and other animals, reference should be made to MARSHALL's excellent "Physiology of Reproduction."*) In a normal ejaculate there are not only, as is so often stated, thousands of these, but millions; the ejaculate of a healthy man containing between one and six hundred million live, motile spermatozoa, the whole bulk or the ejaculate being as a rule 3 to 5 c.c. The quantity of plasmolysing chemical therefore required, although it has to deal with innumerable spermatozoa, is not great; and individual experience has shown that with the use of such a plasmolyser as quinine salicylate, a few grains is amply sufficient to leave a wide margin of safety. But, on the other hand, it is well known that

* F. H. A. MARSHALL (1922): "The Physiology of Reproduction." Second edition. Pp. xvi, 770. London, 1922.

results obtained *in vitro* are often dissimilar from those obtained *in vivo*, and I am much inclined to think that the reason that the quinine plasmolyser, for instance, is so much more reliable when applied in the medium of *grease* (such as low melting-point cocoa butter or oil), than when applied in other ways, is due to the additional physical effect of the grease itself which acts as a clog to the movements of the spermatozoa. I have heard it said in discussion that quinine pessaries with the quinine left out are quite as effective as those containing it, but I do not entirely assent to this.

The number of chemicals in general use is curiously restricted. The reason for this does not seem to have any real scientific basis, but to depend on the fact that hitherto knowledge on the whole subject of contraception has largely been left in the hands of the unscientific commercial retailer, even of the hanger-on of vice. Such persons are profoundly ignorant of the scientific basis for any procedure they may advocate, and therefore the few substances which long ago became known have tended still to be used to the exclusion of a larger number of other substances theoretically of equal value, which might have been used, or whose advantage might have been discovered had the subject

been handled in an open and scientific manner.

The form in which the chemical intended as a spermaticide is introduced into the vagina varies ; most of the important ways are tabulated below with a few notes about each.

(11) Quinine compounds in a variety of forms.

Of all the chemical substances used as spermaticides, undoubtedly quinine is in the most general use. It is applied in a variety of ways.

(11a) Quinine as a powder.

The injection of powdered quinine compounds is not very generally favoured owing to the difficulty of distributing it suitably in the vagina, although it can be used, and is injected with a special form of syringe. It is used in this form particularly when combined with a sponge, the powdered quinine being well rubbed into the sponge.

Incorporated with some other substances, particularly in the form of a small soluble pessary, it is so much more practical and convenient that there seems no reason why the powder should be used at all, except by those who dislike the grease of the pessary.

Owing to the difficulty of inserting the

powder, it is sometimes enclosed in capsules to be inserted in the vagina ; but the method is not particularly reliable as the powder does not get well distributed.

(11b) Quinine as an ointment.

Quinine mixed with a fatty base in the form of ointment is prepared, and is sold by chemists for the special purpose of use during coitus. It may be smeared thickly on an ordinary sponge or on a pad of cotton wool. It is also used for surrounding the caps (see p. 143) and for smearing over them. It should, however, be noted that the use of grease tends to rot the rubber. The use of ointment is a matter of individual choice, some relying upon it and finding it satisfactory, others never making use of it at all.

(11c) Quinine as a pessary or suppository contained in a matrix of low melting point, such as cocoa butter or gelatine.

The commonest form in which quinine is used is as a vaginal suppository in which quinine sulphate, usually with salicylic acid, quinine salicylate, or other form of quinine, are included in a small quantity of cocoa-butter (see formulæ p. 108). The form of suppository is generally that of a flattened, ellipsoid cone, rendering insertion easy, and

cocoa butter is used because of its very low melting point. The use of such suppositories is very widespread. In this country they appear to have been first made by Mr. J. Rendell, who had a chemist's shop in the early eighties, and got the idea through Sir J. G. Simpson's recommendation of medicated pessaries. Such makes as "Rendell's," "Lambutts," and "Ottocones," appear to be very reliable. Their convenience is great, as they can be slipped in unobtrusively at the last few moments before coitus takes place. Their advantages are thus many, including the important psychological and æsthetic one of non-interference with the psychological feeling during and after the act.

The millions of these suppositories which have been used are in a sense their best testimonial, both of convenience and of security. Although announcements are made by individuals from time to time to the effect that the makers of these articles are in league with the anti-birth controllers, and make individual pessaries that contain no quinine, such statements have never been authoritatively substantiated, and in my opinion they are deliberately spread by opponents of birth control. I have traced a variety of these rumours to earth and

never yet found them to be substantiated. If an authentic case exists and is available I should be glad to have it submitted to me. I have noticed more than once that this rumour is spread by those who manufacture or advocate some other method. I have questioned the biggest and most reliable manufacturing firms closely, and have their absolute assurance that no such thing is true or has been attempted with any recognized makes. Inferior firms may, of course, be venal in this way. It must also be remembered that to mix the fatty substance and the quinine quite thoroughly requires expert care, and the work may be done carelessly.

A certain type of opponent of contraception who is now vocal accuses quinine of a variety of harmful effects; most of these are obviously fantastic, but as the statements are oft-repeated, it may be useful to remember the pronouncement of SIR FRANCIS CHAMPNEYS, BART, M.D., who is not by any means an advocate of contraception,* in cross-examination by the Birth Rate Commission. To the question: "Do you consider soluble pessaries harmful?" he

* Report of the National Birth Rate Commission: "The Declining Birth Rate." Second edition. London, 1917. Pp. xiv, 450.

answered, "I believe the common ingredient is quinine, and I do not believe that does any physical harm whatever" (p. 136). Continuing, he said: "As regards the direct effect of quinine pessaries, I have never seen a case in which I thought any damage had been done" (p. 138).

As already noted, it appears to me that the quinine is by no means the only thing which gives security, and that the quantity of grease is sufficient in itself to be a fair safeguard even if there were no quinine to secure immunity.

There are many formulæ for the formation of such suppositories, and some contain quinine only, others a mixture of chemicals. An American medical practitioner recommends the following :—

Salicylic acid	...	0·15 parts by weight		In each suppository
Boric acid	...	0·70	,, ,,	
Quinine (alkaloid)		0·07	,, ,,	
Cocoa butter	...	5·00	,, ,,	

I think this formula needlessly difficult to weigh out.

A formula devised by another American practitioner for use by his poor patients who desired to make the suppositories themselves, is as follows :—

Cocoa butter	¼ lb.
Borax	5 dr.
Salicylic acid	1 „
Quinine bisulphate	1½ „

All purchased separately and mixed together, the cocoa butter melted over a slow heat and all stirred in with a wooden spoon. When thoroughly mixed the mass should be stirred till cool and cut up into thirty equal pieces.

However reliable with other couples, any soluble pessary is likely to be unreliable in the case of a married pair whose adjustment is so perfect that they do on each occasion interlock the glans penis and the cervical opening. This type will probably be well advised not to trust to the quinine pessaries alone, but to wear also an Occlusive Cap (see p. 139). Similarly women whose cervical opening is permanently stretched and open will find them fail.

The disadvantages of the greasy pessary are dependent more on the individual characteristics of the users than on the method itself. In general it suits a great many people, but some exceptions may be noted. *On the part of the man:* it has been found that to men with a particularly sensitive skin on the glans penis the quinine ointment or the quinine pessary is irritating, even

sometimes inflammatory. Furthermore, for use by a couple where the man is rather small and the woman either naturally big, or as a result of several childbirths has a considerably stretched vagina, the excessive lubrication of the greasy pessary is liable to reduce the efficiency of the coital act by reducing the normal contact and friction. *On the part of the woman:* those with marked prolapse may find them useless. Contraceptives of any sort for such women are a specially difficult problem (see also p. 191).

Then among normal women the use of the quinine pessary is sometimes inadvisable where the woman is one of those whose systems reject quinine, for there is no doubt at all that some of the quinine is absorbed through the vaginal walls and penetrates the system. I know from a number of cases that sleeplessness, and in a few cases, more acute symptoms result from the use of any form of quinine either orally or per vaginam. This I noted in general in "Wise Parenthood" in 1918, and have since had several interesting confirmatory cases.

ILLUSTRATIVE CASE:

Case 3023. — Healthy, aged 23, very anxious to use quinine and cap together as I advised in "Wise Parenthood," "because

it is so convenient and safe," but *always* finds quinine affecting her unfavourably. In her own words : " I know the feelings of the effect of an overdose of quinine taken in the ordinary way, internally, because of repeated efforts to take it when I was nursing during the war and during epidemics. The smallest dose made my head buzz, and made distinct kinds of griping pain in my bowels, and I gave over trying to take it. . . . As a contraceptive I tried quinine pessaries with the cap in the hope that your doubt about its absorption would not apply to me, but in twenty-four hours I had exactly the same feeling as I had when I'd taken quinine internally and a distinct quinine head ; it worked off in about another twenty-four hours or so, and I was again quite all right again, but the very next time I had the pessary I was exactly the same in just the same length of time, and I've tried it at least a dozen times to test it in the hopes that I might throw it off, but with always the same results."

A quinine suppository can also be made by mixing *quinine with gelatine* instead of cocoa-butter. These have the advantage that they have not the objectionable effects of the greasy pessary in their contact with

linen, but the gelatine, although pleasant to use, at the same time is much less reliable, for, being non-greasy, it has not the same inhibitory effect on the activities of the spermatozoa ; so that quinine and gelatine is less reliable than the same amount of quinine in cocoa-butter. They may be made to the formula :—

Gelatine	1 part.
Glycerine	5 parts.
Quinine, as bisulphate hydrochloride or hypochlorate	½ part.
Water	2 parts.

But I do not advise the gelatine suppositories as they often fail.

The smell of cocoa-butter being extemely repulsive to some people, it is useful to know that it may be obtained in a scented form, but a pessary has recently been devised where the cocoa-butter is replaced by a low melting point non-odorous fat, which has all the good qualities of cocoa-butter without its odour.

Comment.—The soluble greasy quinine pessary, properly made and used, is in general harmless, easy to use and reliable in most cases. Those who have personal idiosyncrasies, abnormality or even specially well adjusted coital union, may not find them suitable, but should ascertain these

facts about themselves and use other methods. In a general way such pessaries are certainly one of the most useful contraceptives.

(11d) Quinine in one form of solution or another dissolved in oil or mixed with glycerine jelly which is injected in a small, specially constructed syringe or introducer. In this class might be included Baxter's patent, though I think it is not a quinine compound.

Quinine in various forms of solutions and mixed with other substances may be introduced, mixed with oil, and inserted before coitus with a special introducing syringe which distributes the quinine over the vagina before coitus. There are many varieties of such syringes specially designed for the purpose by surgical instrument manufacturers and chemists.

"Dr. Baxter's patent" (now called K.P.O.) was brought to me before it was patented (it is No. 140282, 1920, Patent Office Specification) and I did not then and I do not now approve of it. It has all the psychological disadvantages of a douche, and its metal construction is such that it is certainly beyond the ordinary, rather stupid person's powers to cleanse it satisfactorily. I have no evidence of its reliability.

Comment.—Though I know one or two individuals who use for choice syringes to

introduce quinine contained in oil, anything in the form of apparatus or complicated procedure at the time of coitus appears to me to be psychologically so unsatisfactory, that were the method otherwise satisfactory (which it is not) it stands condemned for general use.

(11e) Various Suppositories.

Quinine with or without chemical substances, and various other chemical substances without quinine, are made up in a variety of forms of pastilles, large tablets or suppositories of various sorts. Many of these are patented under special names, and much is claimed for several of them. For instance, "Patentex" has had great claims made for it, so also has "Speton," but so far as I can discover, chemical analyses do not support the reliance placed on these things. I await sufficient favourable evidence about any of them to justify me in recommending them in preference to the tried and established compounds.

(12) Alum in powdered form.

What has been said above (p. 104) in regard to quinine powder applies in the main also to powdered alum. The interest of alum is twofold. In the first place it is

one of the oldest of spermaticides ; and in the second it has accessory virtues which are particularly valuable for women who have become too much stretched and relaxed through childbirth. Alum has the secondary quality of contracting the mucous membrane of the vagina, which in some cases is of value in restoring perfect sex relations. Where the vaginal canal has been unduly stretched by childbirth the natural reactions of the coital act are sometimes thereby so much interfered with that the husband ceases to feel satisfaction from coitus with his wife. Alum, having a contracting effect, tends to restore the canal to its antepartum condition, and I have even been told in the East that it is possible to restore it to approximately the virginal state.

It must be used with discrimination for it would tend, of course, to have an excessive hardening effect if used too frequently. I do not know of any English woman who uses it as a spermaticide in this powdered form. Whether this is because the public does not know of its possible use, or from experience of any detrimental effects, I cannot yet ascertain ; but I should judge that it is chiefly through ignorance of its efficacy and subsidiary value. In the form of an aqueous douche it is, of course, often

prescribed by practitioners for leucorrhœa, but its effect is then somewhat different.

Douches.

The habit of douching is one of the three most commonly advocated methods of birth control, and even in spite of the variety of its inconveniences and disagreeable characteristics, is still undoubtedly much used.

Innumerable vaginal douches are on the market—a number of them patented. The old-fashioned douche-can or bag, which depends on the downward flow of water when it is hung on a raised nail in the wall, is still often advised, but is now generally discarded in favour of a compressible rubber douche. This gives a good whirling spray of solution penetrating to the end of the vaginal canal and calculated to lave the interstices of the vaginal corrugations.

The douche has been repeatedly recommended by those advocating what are called "Malthusian" methods; see, for instance, the "Practical Leaflet," issued for many years by the Malthusian League, and the advice given by DR. J. RUTGERS, of the Dutch Malthusian League, and by DR. G. HARDY, of Paris, and indeed almost *all* the

various books and pamphlets advising "Malthusian" methods.

My own book, "Wise Parenthood" (1918) was, I think, the first publication giving general advice on contraceptive methods which specifically advised *against* douching.

Most unfortunately "Birth Controllers" in general have encouraged women to douche daily, or often "as an ordinary measure of hygienic cleanliness."* I most strongly deprecate this and have long thought the effects, both physiological and psychological, of douching frequently are very bad, except, of course, in cases of specific disease where douching may be a necessary part of the treatment. In my opinion, douching is to be condemned for all healthy ordinary women. The natural contents of the vagina should not be thus intruded upon. The general effect on the system, particularly of cold douching, is a tendency to catarrh, congestion and other troubles. Frequent douching also has a tendency to destroy the natural secretions and also the normal bacterial inhabitants of

* See for instance the Malthusian League's "Practical Leaflet"; DR. RUTGERS' Dutch Malthusian League pamphlet; also DR. G. HARDY, "How to prevent Pregnancy.", Paris.

the vagina which are of value. It tends further to reduce the sensitiveness of the vagina, and therefore to diminish its capacity to play its normal part in the act of coitus. Various objections to douching on other grounds were made in 1918 by DR. W. E. FOTHERGILL.*

The substances added to the douche may be grouped into two series, (*a*) ordinary *disinfectants*, and (*b*) other chemicals which plasmolyse sperm, such as alum solution, soap mixtures, and so on.

Of the disinfectant solutions of one sort or another used by various people some are certainly undesirable, among which I include such substances as carbolic acid, lysol, and other corrosive disinfectants which have been advocated and widely disseminated. The injurious effect of such strong disinfectants has not been sufficiently realized, and sometimes even such dangerous substances as corrosive sublimate have been used as a vaginal douche with most serious results.

If for any reason the medical adviser desires the use of a douche as contraceptive in spite of these drawbacks, it should be pointed out that as a spermaticide plain

* W. E. FOTHERGILL: "A Clinical Lecture on the Bad Habit of Vaginal Douching," *Brit. Med. Journ.*, No. 2990. Pp. 445-6. 1918.

cold water is in itself sufficient to destroy the activity of the sperm, and that only the safest and most harmless solutions should be advised for use by the ordinary uneducated woman. In particular, only solutions should be advised, which if absorbed (as they undoubtedly partially will be) by the vaginal walls, will do no harm to the system. Common salt, diluted vinegar, weak alum and water are all quite sufficient for the purpose if a douche is demanded.

(13) Common salt in solution.

Bearing in mind the disadvantages and drawbacks of douching at all, if a douche is still desired, one of the best things is a solution of common salt. It may be made twice or three times "normal" strength with the specially prepared tablets, but common "kitchen" salt is quite good enough. A tablespoonful to a quart jug dissolves quickly and makes a cheap douche which is quite as effective as any other.

(14) Vinegar or acetic acid in water, or lactic or citric acid in water have some uses, and are liked and trusted by some women. They are in line with "nature," both because they can be safely absorbed into the system as they are safely consumed as articles of "food," and also because the natural

secretions of the vagina are acid, and such acid naturally disposes of the inoperative sperms. Some women use half and half vinegar and water in which to soak a sponge, which is placed in front of the cervix before coitus, and then douche out with vinegar and water rather more diluted after coitus. The method is a very old one and is widely used.

Lactic acid is a more recent suggestion, and was made a few years ago by a medical man. I have heard it repeated as a suggestion from a variety of quarters but have not yet encountered a case of its practical use by a woman.

(15) Disinfectants of one sort or another in the form of a douche.

A great variety of disinfectants of one sort or another have been advocated as spermaticides. I think they should be considered under two categories, and those which are (or may be in special circumstances) *dangerous* if used too strong should never be advocated for general use, but should be specially restricted to cases under specific medical treatment. The other group of disinfectants is composed of those which are harmless however strong they may be used. These may be generally advocated when a douche with a disinfectant

is desired in spite of the drawbacks outlined on p. 116.

In the first of these two groups, i.e., among those I consider dangerous, carbolic acid should be included in spite of its advocacy by an important authority.*

Corrosive sublimate, which is often advised in 1 in 2,000 parts, is very dangerous for general use, and should be given only when disease is present. Deaths are on record† from the use of corrosive sublimate as a contraceptive in the vagina, and I know of ruined health which was induced by regular douching with the corrosive sublimate in solution.

Potassium permanganate (1 in 2,000) is often used as a douche, and is easily made. The recently popular disinfectant *Chinosol* is liked by SIR ARBUTHNOT LANE and other medical practitioners specially conversant with the problems of the prevention and cure of venereal diseases because chinosol is considered one of the best preventive disinfectants available and it is always wise to

* See, for instance, p. 70 in HANS FERDY (1899): "Die Mittel zur Verhütung der Conception." Seventh ed. Pp. 100. Leipzig, 1899.

† See the case recorded by DR. GIBBON FITZGIBBON, *Lancet*, March, 1918, p. 406. The woman introduced an 8·75-gr. tabloid of corrosive sublimate into the vagina to prevent impregnation.

combine two useful results from one action if possible. The assistance in safeguarding or reducing the danger of infection however is a secondary feature of the practice of contraception which may often be necessary in individual cases but which is essentially a separate theme.

In my opinion, where other considerations of disease do not complicate matters, and yet a disinfectant douche is desired, the best disinfectant to use is *listerine*. Its accessory properties are most valuable, and it can cause no pain or damage even if used stronger than it is ordered. Indeed, undiluted listerine can do no harm.

(16) Plain cold water in the form of a douche.

Much of what is said above applies to the douche, even if only cold water is used. Its chilling effects cause a liability to catarrh, &c., although the water itself has no direct poisonous effect. The frequent presence of cold water where it is not intended to penetrate can hardly be advisable. Nevertheless, as in most douches the object achieved is really achieved by the *physical* effect of the sluicing and not by the disinfectants at all, cold water by itself is probably quite effective when any douche at all would be effective.

Cold water, of course, is sufficient in itself to plasmolyse motile spermatozoa.

In General.—To the douche in any form in addition to the objections mentioned above, there is the very important psychological objection that both for the man and the woman the use of the douche interrupts seriously the sequence of the completed coital act. If the woman gets up to douche immediately after the coital act (when relaxation and profound rest are demanded) this prevents her natural relaxation and sleep. The processes of the douche coming at this time demand energy, and the sordid procedure of the woman getting up, moving about the room, and so on, have a psychologically destructive effect on both of the married participants in the act. This tends so much to reduce the value of the coital act that in many cases it becomes abhorrent to one or other of the pair. I know cases of husbands who prefer to go to prostitutes rather than have coitus with their wives followed by the objectionable douching after the act.

In addition to this there is in the ordinary home, when coitus is conducted late at night (as is very usual), very considerable risk of the woman catching an ordinary cold or giving herself an internal chill.

And, finally, the douche is by no means a reliable contraceptive, seeing that in the nature of things it must come after the ejaculation has taken place. Its effects can hardly be expected to follow up the sperm after their entry into the uterus. Presumably, often if the douche is at all effective, it is due to local chill and shock, neither of which can be good for the woman. Unfortunately, those who are now forced by reason of its ineffectiveness to concede that the douche is an unreliable contraceptive, nevertheless, still continue to advocate it as a daily hygienic measure.

Comment.—I condemn douching entirely except for rare and occasional use, or as a definite form of treatment for disease. As a contraceptive measure by itself all douching is unreliable, unwholesome, and psychologically harmful.

CHAPTER VI.

Contraceptives in Use Described and Discussed (*continued*).

(*C*) Appliances used by Either Sex to Prevent the Spermatozoa coming in Contact with the Ovum.

By the Male.

(17) Condoms, popularly called "French letters," or "sheaths."

Sheaths were first made of fine linen to encase the penis, and were originally called "preventives," as they appear to have been invented to lessen the liability to contract venereal disease. Sheaths are among the very earliest recorded preventives. See GABRIEL FALLOPPIO,* 1564, "De præseruatione à carie Gallica."

MONSIGNOR BROWN† stated also: "There is evidence that at the time of the Fire of

* GAERIEL FALLOPPIO (1564): "De Morbo Galllico: Liber Absolutissimus." First ed. Pp. 65. Patavia, 1564.

† Report of the National Birth Rate Commission. Second ed. London, 1917. Pp. 184.

London the condom was in use." They are still often advocated for the double purpose of prevention both of pregnancy and venereal contamination.

Present day "sheaths" are made in a great variety of thicknesses and quality, either of the cæcal membranes of animals or from various grades of prepared rubber. Their object is to collect the seminal fluid and prevent it coming in contact with the vagina. By the use of sheaths this object is generally achieved unless the condom breaks or is perforated. Owing to the fact that thinness of texture is very much desired (as even the thinnest condom interferes with the full sensory excitation) the very thin forms are in greater demand than those of stouter manufacture, and accidents or ruptures at the critical time are not infrequent.

Entirely similar in its physiological action in so far as it deprives the woman of contact with the glans is the short sheath, made to cover the glans penis only. It is less reliable and more difficult to adjust than the condom. The essential feature of the method, viz., the collection of the whole of the semen, is the same as the large sheath.

The sheath method in general, although a complete contraceptive if no rupture or perforation occurs, is very liable to unex-

pected insecurity through accident. The method has also a variety of physiological and psychological drawbacks.

In the first place it prevents contact between the glans penis and the vaginal tissues, and, therefore, robs the coital act of its full physiological benefit. It also robs the woman of contact with the seminal secretions (see p. 76) and thus is detrimental to her. It is also generally detrimental to the man in so far as it is to many unpleasant in use, and not infrequently with a man of not very strong sex capacity it reduces the potentiality for consistent erection and proper ejaculation. Many sensitive women find the odour of the rubber condom disgusting.

There are times, however, when the use of the condom appears almost imperative. In my opinion these are :—

(*a*) For the first week or two of marriage (see p. 183) in some circumstances.

(*b*) For men who are debilitated and suffer from premature ejaculation which is offensive to the bride.

(*c*) In cases of suspected venereal infection.

In this connection, however, we are departing from pure contraceptive requirements, and as I have often maintained contraception as such should be considered

apart from the association of similar appliances in connection with the prevention of venereal disease. Nevertheless, owing to the ravaging prevalence of venereal disease the practitioner is often confronted with cases in which it is most valuable to be able to recommend procedure which will tend to operate *both* so as to prevent pregnancy and to reduce somewhat the risk of infection. (The condom, of course, does no more than reduce *somewhat* the risk of infection.)

In cases of uncontaminated persons, for other reasons its use is sometimes imperative. When it is a matter of life and death for the wife that no conception should take place, it is advisable for the man to use the condom in addition to any preventives used by the wife, because even with the greatest care there is always a slight risk of failure, in any one method, and when both parties take different methods of precaution the risk is reduced to a negligible minimum.

Much hindrance to progress in contraceptive knowledge has resulted from those advocates of control who ignore or deny the undoubted fact that there *is* truth in the contention of the clerical and "purity" schools of thought that "contraceptives are harmful"; for the condom is the contra-

ceptive most generally known, and its recommendation by the medical profession has been weighty, and yet I maintain it does do much harm. Yet, as HARDY* says, "PROFESSORS KRAFT-EBING and SARWEY recommend its use in preference to all the other contraceptive methods. In 1905 at the Congress of Zürich organized by the Society to Combat Venereal Disease, the doctors were unanimous in favour of the sheath, indicating it as the only method to be recommended, *both* for the prevention of venereal disease and of conception." I dispute, however, the assertion of its entire harmlessness which follows. DR. ROBIE, also, the American sexologist,† says "the condom is generally conceded to be the best arrangement" . . . . "as it allows of the complete satisfaction of the woman."

What may be described as the German school of sexologists favour it, and a typical quotation from their works is the following from IVAN BLOCH's well known book,‡ "The ideal mechanical means (of preven-

* G. HARDY: "How to Prevent Pregnancy." Paris, English edition. Pp. 95. See p. 45.

† W. F. ROBIE (1918): "Rational Sex Ethics." Pp. 356. Boston, 1918. See p. 214.

‡ IVAN BLOCH (1909): "The Sexual Life of our Time in relation to Modern Civilization." Trans. from Sixth German edition. Pp. x, 790. London, 1909.

tion) is once more the *condom*. When it is used, coitus runs a perfectly normal course with the sole exception of the sensation during ejaculation." The coarse insensitiveness of attitude that can consider this last objection as existing, and *yet* state that the "act of coitus runs a perfectly normal course" seems to me deplorable. Yet this crude and ignorant statement has had a wide influence on men's attitude towards the whole subject. BLOCH does not in this connection even perceive the great harm done to the woman by this method (see p. 127). KISCH also says that "When the man is fully potent the use of condoms can do no harm to the woman, since the only effect of the condom (in a very excitable woman) is to render the development of the orgasm a little more difficult, but not to prevent it." KISCH is emphatic in favour of the condom,* saying, "It is my opinion that the most trustworthy and least harmful measure at present available, and one preferable to all other mechanical apparatus, is a carefully selected and well made condom."

A remark, almost as crude, showing both ignorance concerning sensitive women's

* E. H. KISCH (undated): "The Sexual Life of Woman." Engl. trans. by Paul. Heinemann, London. Pp. 686. See p. 408.

feelings and physiology is made by FREUD,* who says, "Der Congressus reservatus mittels des Kondoms stellt für die Frau keine Schädlichkeit dar, wenn sie sehr rasch erregbar und der Mann sehr potent ist; in andern Falle steht diese Art des Präventivverkehres den anderen ein Schädlichkeit nicht nach."

HAVELOCK ELLIS (1921)† unfortunately follows these authorities, saying that "the condom is now regarded by nearly all authorities, as, when properly used, the safest, the most convenient, and the most harmless method."

Emphatically I dispute that the "authorities" are right.

It should be noted, of course, that ELLIS's book, though dated 1921, takes no cognizance of books published since 1910 or so, and therefore he has not considered the arguments used in "Wise Parenthood," in 1918.

General Comments. — The condom for both emotional and physical reasons is not advisable for use in ordinary healthy coitus.

* S. FREUD (1911): "Sammlung kleiner Schriften zur Neurosenlehre aus den Jahren, 1893-1906." Pp. 229. Leipzig, 1911.

† HAVELOCK ELLIS (1921) (1910): "Sex in relation to Society." Pp. xvi, 696. Philadelphia, 1921. See p. 599.

It has its uses in connection with disease and danger, and for other special circumstances. In a general way it is inadvisable, as are, in short, all methods used by the male. On this point I lay great stress in spite of the fact that methods used by the male, and in particular the condom, are often recommended as offering more security than those used by the female. They are therefore of psychological value in cases of abject terror (see p. 186) but even in such they are not physiologically advisable.

(18) Pin or stud-like apparatus supposed to close the male urethra to secure against unpremeditated ejaculation which might take place before coitus interruptus was accomplished.

This apparatus was brought to me by its inventor some years ago. It appeared to me wholly dangerous and absurd, but it *may* have got into use by some ignorant people. I know of no argument against its total condemnation.

Appliances used by the Female.

(19) The sponge, by itself, or used with or without chemical solutions, soap powder, or other potential spermaticides.

Specially prepared sponges in great variety are now on sale and in use, often made with a containing net so that they may be pulled

out easily. There is, however, no necessity for these special sponges and in practical use it is far better not to have the attachment generally supplied with them, which increases the difficulty of keeping the sponge clean and disinfected.

The sponge has a particularly interesting place in the history of contraception in England, as it was the sponge "as used on the Continent" which was advocated in the "Diabolical Handbills" of 1823-4, and in the *Republican* in 1825 (see Chapter X on "Early History," p. 268).

There is much to be said for the sponge, and although some of the more modern practitioners greatly condemn it as being impossible to cleanse thoroughly, others still consider it the very best method for general use. Its principal advantages are that it is cheap, generally safe, very easy to manipulate, easily understood even by a stupid woman (and the stupid are exactly the people who most require birth control information, and who in the interests of the State should be encouraged to practise contraception). It does not require accurate adjustment as does the internal cap, and it can be used by the woman herself without the co-operation of her husband, which again is a point of racial value among

the poor and illiterate, often overburdened, women whose husbands are either lascivious, careless or drunken.

The sponge used by itself without any chemical often succeeds, though on the whole it is an insecure preventive. Used in conjunction with a chemical powder, such as alum (see p. 114), quinine powder (see p. 104), or soap powder, or smeared with quinine ointment (see p. 105), soaked in vinegar and water or some other of the many possible spermaticides, the sponge is not only useful but is widely used and is recommended by some of the leading doctors as being the most satisfactory method.

In advising its use great stress should be laid on both the necessity and the difficulty of keeping it properly cleansed. Sponges of the modern rubber tissue have advantages over the natural sponge in being less inclined to harbour putrefying material. A patient should be advised not merely to wash out the sponge, but to keep it in a covered jar of some weak disinfectant such, for instance, as 1 in 20 aqueous boracic acid solution or $\frac{1}{2}$ per cent. lysol.

The sponge is particularly useful for cases of abnormal cervices, either where the cervix is lacerated or proliferated when the application of an occlusive cap (see p. 189) is

difficult or impossible. Also for cases where the cervix is depressed or has been removed. If the uterus is not prolapsed, then the sponge is safe and satisfactory for such cases.

In all cases of serious prolapse the sponge is useless, and in my opinion, the tradition of its unreliability has arisen from the fact that just the class of woman who tends to use the sponge (the poor and uneducated) tends also to suffer from neglected prolapse, which of course makes the sponge an unsuitable contraceptive, though they do not know that.

Comment.—The sponge is the most suitable contraceptive for various types of cervical abnormality. Nevertheless, in spite of this and of its particular value to poor and ignorant people who cannot afford or who cannot understand more precisely adapted contrivances, I do not greatly favour the sponge myself for *general* use and think that the internal cap (p. 138) is both more easy to keep clean and in many other ways more advantageous. The sponge, however, is preferable to any of the contraceptive means *so far* considered in these pages.

(20) Soft plugs.

The general principle of these is similar to that of the sponge, the object being to

fill up the whole end of the vaginal canal and with it to occlude the cervical entrance with or without some intercalated chemical. If cotton-wool or lint is used, it has the advantage of not requiring cleansing, as after use it is of course destroyed.

Here, perhaps, one may mention the various rather primitive methods of packing the end of the vagina, which are still used in the East, and are obviously of considerable antiquity. Such, for instance, as the very soft wads of silky native paper used in Japan. Under this heading also may be mentioned the balls and bundles of feathers used in India and elsewhere in Asia.*

(21) Specially modified tampons.

Medicated tampons especially made to expand so as to fill the whole vaginal canal are, of course, widely used for other purposes. I do not know of any who have advised specially modified tampons for contraceptive use, but I myself have recommended the use of such tampons as contraceptives. The amount of expanding wool must, of course, be much less than in the usual tampon, as it should cover only the end of the vaginal canal. A specially prepared

* See, for instance, reference in FELIX A. THEILHABER (1913): "Das Sterile Berlin." Pp. 165. Berlin, 1913.

tampon may have very great medical advantages. I have myself advised a form which has been used with benefit containing ichthyol—ichthyol having, of course, definite curative properties well known to the medical profession. It appears also to act perfectly as a contraceptive. The use of a specially modified short tampon as a contraceptive is a method which many medical practitioners may find of specific use with their own patients.

Not only ichthyol, but a number of other preparations selected in accordance with the needs of the individual woman, could be administered in this way. The chief drawback to the method being the necessity of obtaining the specially prepared tampons, which are not cheap. The use of this method, therefore, would be confined to cases who are either really well-to-do, or who are patients sufficiently invalided to justify an expense much greater than is necessary for simple contraceptive means.

Comment.—I see in this method a suggestion, which is, in my opinion, most likely to lead to immediately useful advances in our knowledge of contraceptives. By the application of specially medicated tampons the combination of contraceptive means with locally curative applications might

make great advances. Owing to expense, however, the method is not likely to come into general use, nor is it necessary that it should do so, as it is only suitable for cases of definite ailment and not for normally healthy women.

(22) Dome-shaped, cap-like pessaries, designed to fit over the cervix, in a great variety of designs and construction.

The general principle of all these dome-shaped pessaries, such as the occlusive pessaries and the varieties of the continental small "Mensinga," is the prevention of the spermatozoa from entering the internal os. This is achieved by the use of a small cap to fit over the cervical neck, thus putting a barrier between the spermatozoa and the egg-cell with the least possible interference or intervention of surfaces between the penis and vagina. The use of the small occlusive cap over the cervix leaves not only the greater part of the vaginal canal, but all the end of the vaginal canal round the cervical region in complete and natural contact with the male organ and with the seminal fluids. It interposes merely the barrier of thin rubber between the wandering spermatozoa and the entrance of the cervical canal. How necessary this is in many cases is shown by the occasional failure

of both douches and antecedent quinine pessaries. Such failures sometimes appear to be due to individual carelessness, but at other times to that natural action of the fully excited uterus which must lead to inevitable failure : for in the fully excited uterus the cervix may spontaneously open and interlock with the glans penis which thus discharges directly into the uterus, thus rendering inefficacious any quinine pessary or other chemical designed to lie in the vagina as a spermaticide. I have formerly hinted at this active co-operation of the cervix, but received critical comment, even denials of the possibility of the action. Such criticism is, however, due to the rarity of persons in whom this happens and the impossibility of demonstrating it, as it can *only* take place at the height of sex excitement. There is no doubt whatever, that some fully sexed and roused women do experience the interlocking of the glans penis with the cervical canal, and such a woman does aspirate some of the seminal ejaculate into the uterus.

It is of course arguable that it would be better that even the small area covered by the cervical cap should have no covering on the occasion of copulation, and to a certain extent I agree with this. Nevertheless if the type of cap which I advise is used then

all the chief benefits of coitus are obtained and the interference with the complete normal sex act is at a minimum.

The form of cap which I advise, and the obvious advantages of which are confirmed by experience of a year and a half's use at the Birth Control Clinic* is given in diagrammatic form (p. 152, see Pl. iii, fig. 6). The centre or crown portion is of thin rubber, the rim being of either solid rubber or with an inflated air rim according to circumstances. Experience so confirms me in the view that the solid all-rubber rim is the best, that I advise no other, and at the Clinic we now always use the all-rubber solid rim. The essential point of the different features of the cap is that the crown should be large, high and thin, and of very perfect manufacture and the diameter should be measured across the inner side (as is the diameter of a hat) and not from the outside of the rim. The cap of this type, which has a great variety of modifications according to different makers, &c., is based on the small occlusive or Mensinga pessary, and the best variety, improved for use at our Clinic, goes under the name of the "Pro Race."

* The Mothers' Clinic, at 61, Marlborough Road, Holloway, N.19. The first British Birth Control Clinic, founded in 1921. (See also p. 384.)

The whole cap is soft enough to be very easily pinched together for insertion, and when used, if the woman does not herself understand it, she should be instructed to insert it when sitting in the position of the Red Indians, namely, squatting on the heels. The cap should be pinched together with convex surface posteriorly and pushed up until it reaches the cervical canal and then allowed its natural expansion. As a rule it is found that it quite readily and automatically adjusts itself and only needs pressing into place round the cervical neck. All that is necessary has then been done. Some women, however, are stupid and nervous and may require to be shown and even to practise taking it in and out themselves during instruction. Experience at the Clinic with seventeen hundred poor and uneducated women has shown that ten minutes' instruction is quite sufficient under ordinary circumstances.

All the varieties of cap are usually sold with a ribbon or rubber attachment with which to pull it out. I find that this is inadvisable from several points of view. The most important objection to the woman tugging at the attachment is, in my opinion, the risk involved of drawing down or uncomfortably "sucking" the uterus. The

properly adjusted cap adheres very tightly and mere pulling does not detach it, but it may induce elongation of the cervix or prolapse. Among opponents of contraception one of the whispered objections is that "methods cause prolapse"—and I fancy the grain of truth in this apparently ridiculous idea is due to the unintelligent tugging at the attachment of a well-placed cap. It is better for the attachments to be cut off, and when it is desired to remove the cap this should be done with a jerk of the finger under the rim which detaches it easily and with no risk of such injury. Caps can be obtained made without any attached loop, which is much the best. *I should like to see only these advised* until something even better is discovered.

When first instructing a woman the doctor should notice whether she has an abnormally long vaginal canal and unusually short fingers. If so, she will be unable herself to place the cap satisfactorily. In most women, however, the length of the vagina and the length of the first or middle finger are such as to make it quite easy for them to insert and remove the cap themselves.

Opponents of contraception have made much "copy" out of a case of a lady

doctor who could not use the cap herself; from which the inference was drawn that the method was at fault! Whereas, in fact, the lady had particularly small hands and a long vagina, and it was merely a physical impossibility for her to reach her own cervical region. Such cases are rather infrequent, but as they attract much notice, each creates more impression than a hundred normal women.

The "Pro Race" and most other occlusive pessaries are made in three sizes, No. 1 or 2 being in general the size used by the average woman. Size No. 2 is found, after a good deal of experience, to be in much the greatest demand. If a woman has not suffered undue laceration at childbirth, even after she has had two or three children, size No. 3 is still too big for her and size No. 2 adequate.

In conjunction with the cap some prefer to use quinine ointment, smeared on it both internally and externally, partly to lubricate it in its passage up the vagina (which is often not necessary at all, or can be done more easily with slightly soapy water), and partly as an added precaution. This ointment, however, is not good for the cap.

It must not be forgotten that *there is no foolproof method of birth control*, except in-

struments kept under medical observation (see p. 173); and in critical cases it is advisable to use a combination of both the cap and a second method, preferably quinine, either in the form of ointment or of a quinine pessary. But with an intelligent, careful woman, properly fitted and instructed how to use the cap, the cap alone without any chemical is in most cases safe and sufficient, unless the woman is "incorrigibly fertile" (see p. 61). The reason for the safety of the cap is that it prevents the sperm entering the uterus (sperms, it should be remembered, may live even as long as seventeen days) and therefore confines the spermatozoa to the vagina where the *naturally acid secretions* of a normal woman should destroy their vitality.

One of the greatest advantages of the cap is a psychological one, namely, that it offers the very minimum of interference with the romantic side of the sex act. In this respect it is best used alone, because the quinine pessary may intrude on the consciousness, partly owing to its excessive greasiness and partly from the smell of the cocoa-butter, but the cap if used alone can be inserted some hours before bedtime, can be safely left undisturbed for twenty-four or forty-eight hours, and can be removed at

any time next day for washing or exchange. Thus the woman can take the safeguarding precaution at the time of her ordinary toilet arrangements or while bathing, hours before it is required for use; hence there is no psychological interference with the coital act. The psychological and romantic value of this to all sensitive people is of the very greatest importance, as was mentioned in connection with douching (see p. 123). I know of a good many marriages which had been entirely jeopardized by the revolting necessity for the intrusive contraceptive procedure which had to be used until the pair heard of this unobtrusive cap method.

Some women, I am aware, have for many years used the cap quite regularly, leaving it in during the whole intermenstrual period; and abroad they are sometimes even advised to leave it in for two or three weeks undisturbed. DR. MENSINGA himself said of his pessaries: "Die Toleranz der Vagina gegen das Pessar ist sehr verschieden; im allgemeinen kann das Pessar, wenn gewünscht, beliebig lange Zeit, je nach Erfordern, sogar ruhig bis zur Eintrittszeit der Menses liegen bleiben." . . . "Einige weniger empfindliche Patientinnen lassen dasselbe sogar während der ganzen intermenstrualen Zeit unbehelligt

liegen, andere nehmen es wöchentlich aus, auch zweimal wöchentlich, eine täglich, viele aber lassen es ruhig liegen, unter Gebrauch der Douche."* As unfortunately, in Britain nowadays, such perfect health as would justify this advice is very rare, unless the medical practitioner is acquainted with the woman and sure of her exceptional health, it would be unwise to recommend this. It is probably always unwise to recommend this to working-class women. As a rule the woman should take it out every second day at latest, and leave it out for some hours at least for cleansing before re-insertion. It is better to have two caps in use, and employ an alternative cap each time.

The vaginal secretions of different women differ greatly in their destructive effects on the rubber of the caps. Some women can use the same cap almost uninterruptedly for a couple of years with almost no detrimental effect on the rubber; with other women the same standard make of cap will become distorted and unpleasant in a couple of months.

I think very much more has yet to be

* MENSINGA, DR. MED (1888): "Facultative Sterilität." Part II, supplement. Pp. 80. 2 pls. Leipzig, Seventh edition. 1900.

discovered about the chemical conditions of the vaginal canal and secretions; and that were contraception removed from its present neglected corner of medical study and considered openly and properly, true research on contraception and the vaginal reactions would lead to many discoveries of general value. There is little doubt that the degree of acidity of the vaginal secretions varies enormously in individual women, and it probably varies in the same woman under different circumstances (see also p. 61).

When a woman is using the cap the normal acidity of her vagina is probably a sufficient safeguard without any chemical pessary, because this acidity would destroy the motile activity of the sperm in a dozen hours or less. In any case, unless the woman is one of those who have a tendency to more permanent alkaline vaginal secretions, no other safeguard is necessary. In some women, however, motile sperm have been found many days after their deposition by the act of coitus. And in TAYLOR's work on medical jurisprudence* some very interesting cases, described by BOSSI, are on record in which the sperma-

* TAYLOR (edited by F. J. SMITH), 1920: "Taylor's Principles and Practice of Medical Jurisprudence." Seventh edition, vol. ii. Pp. viii, 952. London, 1920.

tozoa lived in the vagina as long as seventeen days.* So far as I can discover no note was taken of the acidity or alkalinity of the vagina at the time, but I think in the case of extremely long vitality of the spermatozoa recorded, from what one knows of the general character of the spermatozoa, that in such exceptional cases for one reason or another (whether normal to her or not) the vaginal secretions in that woman must have been of the mildest acid, or more probably alkaline. In the ordinary way the modern woman's secretions are acid enough to dispose of the sperm in a few hours or at any rate by the next day, so that if she removes the cap when bathing the following day there is no need to use a douche of chemical solutions or any other substance.

In this connection I should like to comment on an interesting observation published by KISCH in quite another context, and without comment from him to link it on to the theory of contraception. KISCH said† (p. 216), "A special significance must

* BOSSI (1891): *Gazzetta degli Ospitali*, April 8, 1891. (Quoted from Taylor, as I regret I have not been able to see this journal.)

† E. H. KISCH, M.D. (no date): "The Sexual Life of Woman," English translation by PAUL. Pp. 686, 97 illustrations. Heinemann, London.

be attached to the glands of the cervix uteri, which, according to my own observations, have the function of providing a secretion that increases the mobility of the spermatozoa, and this enables them more readily to find their way into the uterus. I have endeavoured, by a series of histological observations, to determine the properties of these glands and the changes they undergo in the different phases of sexual life. . . . These glands, which are lined with columnar ciliated epithelium, are but slightly developed before puberty, being then simple excavations ; . . . later, during the menacme, they become long dendriform, blind-ending glands, which during menstruation and under the influence of sexual excitement, furnish a secretion, variable in quantity, and in quality distinguished especially by its alkaline reaction." He then goes on to consider their pathological degeneration. Again on p. 300, after discussing details about conception KISCH says : "I further regard it as important in promoting conception, that simultaneously with the changes above described, the reflex nervous stimulation should lead to the secretion by the cervical glands of a gelatinous material, alkaline in reaction, and therefore adapted to increase

the locomotive powers of the spermatozoa, so that these latter, aided by the activity of the ciliated epithelium lining the cervical canal, will gain the interior of the cavity of the uterus, and thence pass onwards to the Fallopian tubes."

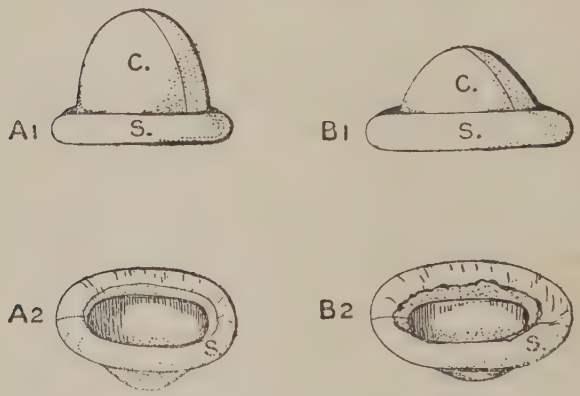
These observations of KISCH appear to me to add very substantial arguments in favour of the use of the cervical cap as a contraceptive whenever security from conception is seriously desired.

Further practical details about the caps themselves may be useful. On the market are small rubber caps of many shapes and forms, generally with a solid rim, some with an air-inflated rim, others with spring rims, and all in a great variety of sizes and differences in the relations between the cap-like centres and the sides of the ring-like periphery. These originated from the continental "Mensinga," or *small* occlusive pessary, although the shapes now most in use are not exactly identical with the "original Mensinga" as figured by Mensinga himself. A great many registered or semi-trade names have been attached to variations of the small cap, the principle of which, whatever the variety, is essentially the covering over of the mouth of the cervical canal.

There is much to be said in favour of this general principle ; indeed I think it is the soundest of all methods of contraception at present in use, but of the dozen or two modifications of the cap which I have seen, one only appears to me to be thoroughly reliable and satisfactory, the particular value of this depends on the relation of the size of the cap to the rim, &c. Caps with air inflated rims, and rims containing metal springs of various sorts, I do not like, and now I always give warnings against their use, both personally and through the clinic. The simple soft but firm rubber ring of the rim in the Pro Race is in every respect the best. Nevertheless, any of the dozen or two varieties of these things on the market may, in differing circumstances, suit individual cases. One of the main faults to be found in many brands is careless and hasty construction ; the "seam" for instance being joined so that minute perforations exist. The junction between the dome-like cap and the rim is often carelessly connected, or left very rough and difficult to keep clean. Also (an important point in the construction) the majority of the forms have what I consider too low a dome.

I have followed up various complaints of failure, or of inability to obtain exactly the

article demanded, and have been surprised and disappointed at the variability of the cap which is sold as the small check or occlusive pessary. The relative sizes and proportions of the cap to its rim have a significance which it may be worth stating. In the accompanying diagrams A1 and A2 are drawings of a satisfactory cap (see also Pl. 6, fig. iii), B1 and B2 are drawings of



a type frequently sold, and in my opinion not only unsatisfactory on general principles, but liable to lead to those failures which have made some people distrust this most valuable method. The points to be noted in the drawings are primarily as follows: The Spring ring S and the conical portion C should be in such relative proportions towards each other as is indicated in A, and

not as in B, where the rim is too thick and heavy and the conical portion C is too flat and small.

There are two interesting physiological reasons against too flat a cap, one depending on the characteristic of a good many women, namely, irregularity in the menstrual appearance, so that they may find themselves inadvertently wearing the cap at the commencement of the menstrual flow. A very small dome is then unsuitable ; if the high domed type I recommend is used no anxiety need be felt, as it allows for the flow for several hours at least ; a second reason for the high dome is found in some women of intense sex activity, in whom the orgasm gives rise to uterine secretions in some quantity, for which the large dome allows an exit. Furthermore with a large thin centre to the cap there is no risk of crushing the cervical canal, whereas the small hard central dome or the flat lens-shaped cap both tend to crush and interfere with the cervix. Moreover, the high thin central piece allows of invagination, if, as sometimes happens, the glans penis and the cervical os interlock at the time of passion (see p. 60). I know of no objection whatever to the high dome to counterbalance all these advantages, and can think of none.

The low dome may suit sexually inactive women with small cervical canals, but it does not suit the active pair, for the penis may attempt to invaginate it and, not being able to, may dislodge it instead. Hence I believe some cases of "failure of this method" are due to the use of the small domed variety by couples who should have had the high domed cap.

A further point to be noted in the construction of the cap is that the whole appliance, both rim and cap, should be of very pliable and soft rubber and should not be withered or wrinkled in the slightest degree. Also the line of junction indicated down the fine line in the drawings of C, should be entirely secure, and without the smallest thin area or perforation. I have had sent to me a cap, otherwise perfect, in which a minute bubble in the rubber just at this junction had developed into a hole more than large enough for the entry of the sperm. To ascertain that the line of junction is secure, the cap should be held up to the light, stretched and examined, preferably with a magnifying glass. But it is far better in every way to use the Pro Race cap in which there is a seamless dome.

In figures A2 and B2 the caps are

reversed and shown from underneath, and the line of junction between the soft cap C and the surrounding ring S is apparent. In A it will be noted that the junction is smooth and that the cap and ring merge into one another. But in B there is a comparatively rough welding of the thick raw edge of the cap C, which is—or may be—a very dangerous source of failure, as it is impossible to keep it really clean. No cap which is offered with such a rough interior should be accepted by a would-be purchaser.

It should be remembered that rubber tends to perish, even when not in use, and that to put away a cap dry for months or more, and then bring it into use may mean serious failure, owing to the development of small cracks. Rubber which is not in use is best kept under water, as it is in scientific laboratories. It is then discoloured, but its pliability is retained. A small china or celluloid pot or jar with a lid should be available, filled with water, under which the cap is submerged after it has been washed out and dipped into a simple non-corrosive disinfectant solution.

A cap very similar to the one I advocate for ordinary English women is specially prepared for Jewish women and used by

Jewish midwives. It is of a very much larger size than anything we have found to be required by ordinary British women. This quite extraordinary difference in size raises an interesting question concerning the national characteristics of internal structure in women of different races. Here once again, proper study of contraceptive methods may bring to light features of general interest to all branches of medicine.

A very great variety of small occlusive caps are manufactured in many countries, and have been in use for over thirty years under a variety of special names. They have had the general approval of many medical men, and one variety, for instance, goes by the name of "Dr. Patterson's." The experience of many who visit the Clinic has now entirely confirmed the views I held tentatively some years ago, and I do not hesitate to advise strongly against all makes with "steel spring rims," air-inflated rims, and so on. At the Clinic experience has taught us to rely solely on the very best quality *all rubber* cap.

Comments.—SIR FRANCIS CHAMPNEYS, BART., M.D., interrogated in cross-examination by the Birth Rate Commission: "The other method we have had commonly practised are fixed pessaries precluding the entrance

of spermatozoa into the cervix?" And his answer to that was: "I have never known any physical harm result from them if they are kept clean."*

I have no hesitation in saying that the "Pro Race" type of cervical cap, if properly fitted and used correctly, is the best available method of contraception for *normal* and *healthy* women. (It is obviously unsuitable for prolapsed wombs and injured cervices, see p. 189.) A further advantage of this contraceptive measure is that the woman herself is responsible for its correct use, and she is safe even if her husband be drunken, careless, obstructive or antagonistic. The man has no discomfort from its use, for generally his penis cannot detect that it is there.

(23) Cap-like pessary similar to the above, but covered with sponge on the convex surface.

The addition of the sponge which is attached so as to cover the whole rubber cap (see Pl. iv, fig. 8) makes it possible to dip the cap into vinegar or a solution containing some other of the many spermaticides, and this double security is liked by

* Report of the National Birth Rate Commission. 1917. "The Declining Birth Rate." Pp. xiv, 450. See p. 254.

some people. I think, however, that the method has all the disadvantages of the ordinary sponge, and destroys some of the great advantages of the rubber cap, namely, the ease with which it is cleansed, and also its *lightness*. I think continued use of a cervical cap rendered heavy by its attached sponge and the liquid it holds is more than likely to have injurious effects on some cervices. If the addition of the sponge is desired by any individual, I should prefer to advise a sponge of the ordinary kind separate from the rubber cap.

(24) Flat lens-shaped caps designed to close the end of the vaginal canal, including "'Dumas Antigeniture."

As is shown in the illustration (Pl. iv, fig. 7), this form of cap differs from the above in being a solid, heavy, lens-shaped, flat piece of rubber which is designed to close the end of the vaginal canal and not to fit specifically over the cervical canal. Curiously enough, although so much simpler in construction, it is much more expensive, and is therefore often foisted off on unsuspecting inquirers in the belief that, being more expensive, it is a "better article."

In my opinion it has a variety of quite serious drawbacks, and in a good many instances where there has been objection

to contraceptive caps on the ground of harmfulness, the cap which was supposed to be representative of the occlusive cap was actually of this type. My main objections to it are that it crushes against the neck of the cervix, and thus tends to close or distort the cervix; that it allows no space for unexpected menstrual flow or for normal secretions exuded during coitus; and that being hard and firm it does not allow any possibility of interlocking between the glans penis and the cervical canal.

Illustrative Case.

A complaint was made in writing to me of "failure" of my method. I asked to see the cap used, as I always do, and found it was the flat solid cap called "'Dumas' Antigeniture." I pointed out this was not only not the type of cap I advise, but very fundamentally different from it; and was told by the woman that it must be better, as it is the same thing, only more expensive! Credulous patients should always be particularly warned against the common error that expensive remedies are better than simple good ones.

Comment.—I not only condemn this form of cap whatever its make, but regret that

the objections which apply to it are often, through ignorance, supposed to apply to the true occlusive cap. This uncritical carelessness of those who condemn "caps" has done much harm.

(25) Hemispherical caps with spring rim designed to close the end of the vaginal canal—in this country called the "Dutch Cap."

This cap, as seen in the illustration (Pl. iii, fig. iv), differs from the other two in being a perfectly simple concave cap of thin rubber. It was described and figured long ago by Mensinga*. Essentially it is the segment of a sphere, approaching in size but not quite a hemisphere, and inserted in its edge without any very definite thickening, is a thin metal spring rim. In use this cap lies in the vagina convex side upwards, unlike the cervical cap, and is intended, not to cover the cervix in particular, but to close the whole end of the vagina. Some who use it profess great satisfaction with it, but there is a good deal of evidence that it is very unreliable and very difficult to secure absolutely in place in order to maintain its position. FÜRBRINGER wrote against these caps many years ago, saying: "Their intro-

* MENSINGA (1888): "Facultative Sterilität," Part 2, supplement. Pp. 80, 2 plates. Leipzig, Seventh ed., 1900.

duction requires as a rule a skilled hand," and "they easily get out of position," also "some of my patients have as a result of the constant manipulations acquired painful and persistent inflammations of the adnexa."* Though FÜRBRINGER does not say so, it is clear that this is due to the large size of the cap and its stiff steel rim; the small, soft, all rubber cervical cap was not known to him when he advised the condom as being better than such caps as the above. The size used has to be so much larger than the natural size of the unstretched vaginal canal that the tendency is to expand the canal unduly, which is neither good for the man, nor good for the woman.

This cap is made in a very great range of sizes (in diameters from 40 mm. to 100 mm.) but sizes 65 mm. to 75 mm. are those most commonly used. This very fact substantiates the above objections to its use, because anything introduced into the vagina with a diameter of that size, even though placed diagonally in the vaginal canal, must essentially lead to an unwholesome stretching in the average woman. It is used widely.

* P. FÜRBRINGER, DR. MED. (1904) in "Health and Disease in Relation to Marriage and the Married State," edited by SENATOR and KAMINER. See art., "Sexual Hygiene in Married Life," pp. 209-242. English translation. London and New York, 1904.

Holland, but from what I know of Dutch women they are somewhat different from the English in build. In this country it was taken up by Dr. Haire, and as he was actively advocating it I wrote the following letter to the *Lancet*,* which has not been answered :—

"In response to the challenge of Dr. Norman Haire to name the physiological objections I have to the Dutch cap he prefers to use, may I first welcome the fact that Dr. Haire has recently re-written the practical instructions issued by the Malthusian League, so that they now accept my *main* thesis, viz., that the best form of contraceptive is an internal rubber cap worn by the woman. The differences between the different varieties of cap are minor though not unimportant.

"My two main objections to the Dutch cap preferred by Dr. Haire are, put very briefly : (1) It must be worn so as to cover the whole end of the vagina and depends on stretching the vaginal walls for its power to remain in position. For the same patient the diameter of the Dutch cap necessary is very much greater than that of the occlusive cap which does not stretch the vagina. The Dutch cap then stretches the vagina in such

* The *Lancet*, 1922, vol. 203, No. 516, Sept. 9, p. 588.

a way that certain movements of physiological value (particularly to the man), which ideally the woman should make, are then impossible. It is true that few women either know or practise complete physiological union in coitus, but that is no reason to justify the advocacy in general for normal women of an instrument which inherently prevents certain natural and valuable movements. The Dutch cap, however, is really useful for slightly abnormal cases, such as very fat women, those with injured cervices, &c. (2) My second objection is that it covers all the tissues at the end of the vagina and near the cervix, and these tissues are among the most sensitive (and probably absorptive) of the woman, and it is not good that they should be needlessly covered ; they are not covered by the small occlusive cap.

"For these and other reasons I think the Dutch cap inferior to the small occlusive for normal women."

This I followed by further details in a new edition of "Wise Parenthood."*

This cap is still pressed upon the public by the Malthusian League regardless of the objections noted above, and of another and

* MARIE C. STOPES (1922): "Wise Parenthood." Ninth edition. Pp. xii, 66. London, 1922.

still more serious one: the metal band which forms the spring of the cap, as used by Malthusians, is not welded but is bound by *rusting* wire with rough cut ends. At our Clinic we had a few of these caps for use in special cases where the occlusive Pro Race cannot be used. There I soon noted rough projections under the rubber, which I cut open and found these raw wire ends under a very thin skin of rubber. If by chance they should be used by one of the types of women whose vaginal secretions are injurious to rubber, and she left it in too long—say a week or more—it obviously would be most likely that the thin skin of rubber over the rough wire would be broken, and the raw end of the common wire might well cause lacerations either in the vaginal surfaces or the glans penis of the husband. Here, it appears, may be that scrap of truth behind the mis-statement so often put into circulation by opponents of the movement for contraceptive knowledge, that "occlusive caps cause lacerations." The Pro Race occlusive cap (see p. 140) does not and cannot cause lacerations because it is an entirely soft, all-rubber article; yet this Dutch cap is sometimes mistakenly called an "occlusive," and as there may have been lacerations from the

wires in it described above, we see now how "the cap method" may be condemned in general by either careless observers or definite opponents who attribute to one type of cap the faults inherent in another.

There is still a further objection to the "Dutch" cap, which soon revealed itself in those few used now and then at our Clinic; the circular outline of the cap, on which its safety is dependent, is often very transient. Caps only used two or three times as sample ones for fitting purposes remained permanently out of shape in a few days—one of them, even after a single usage. Of course, if so large a cap is worn that the vagina is well stretched anyway, a slight distortion of the circumference of the cap would be of no moment; but I think a large cap which stretches the vagina has the serious disadvantages noted above; on the other hand, if a rather small cap of this type be worn so that the vagina is barely stretched enough to hold it in place, then the distortion of the circumference might well leave a gap between the cap and the vaginal wall at one region leading to failure, and such failures help to account for the idea that "caps are not safe."

Comment.—I condemn it for *general* use, and consider it unwholesome owing to the

stretching of the vaginal canal, and the resultant evils.

If the caps are properly constructed the Dutch type would be useful in certain cases, as for instance for a woman with a very short forefinger, or a very fat woman with the local parts stretched and displaced, for in such it *may* be the only form of cap which she may succeed in placing correctly herself. On the whole, however, I am not particularly in favour of it, except as a "second choice" for special and difficult cases (see also p. 190).

(26) Cap-shaped pessary with separate ring and soft detachable cap called the "Mizpah."

The "Mizpah," when both parts are attached, looks very like the cap described above (number 22, p. 138), but it will be seen from the figure (Pl. III, fig. 5) that it has a double rim, the idea being that the thin cap portion which is detachable should be taken in and out and the solid ring left in place.

The general idea behind the use of the cap is similar to that discussed on p. 139, and need not be repeated.

As regards practical details this cap appears to me to have three major disadvantages. In the first place I do not see

why a ring should be left in place when the whole cap can so easily be removed. There is no advantage and some possible harm from leaving a ring attached to the cervix. Owing to its *double* groove the ring cannot remain perfectly clean and therefore it ought to be removed. The second disadvantage is that in my opinion it is extremely difficult for most women to attach the soft portion of the cap to the ring when it is in place, and that being so, if the ring has to be removed in order to be attached to the soft portion of the cap there is no advantage in having the parts separate. The Mizpah is decidedly inconvenient in having the two portions detachable, and the single cap all in one piece is both easier to use, and much *lighter*, an important consideration.

Comment.—There are advocates of birth control, however, who favour this particular form of cap. In all these detailed matters individual women will be found who favour one or other variety of the cap because it suits their own particular needs.

The " Mizpah " has most of the general advantages of the occlusive cervical cap.

As it has a soft dome of sufficient size, it has not the disadvantages of No. 24, and may be recommended to those who like it

on the understanding that they should *not* leave the ring so long in place as is generally advised.

(27) "Matrisalus" pessary, rubber cap of turtle back shape.

This is a form of rubber cap somewhat allied to the Dutch cap (see Pl. IV, fig. 9) but not circular. It is more limpet or turtle-backed in shape, and its zygomorphic form makes its insertion more difficult than that of the circular pessaries, as it is necessary for it to be correctly oriented and for the narrower end to be placed in the posterior and the larger end in the anterior regions of the vaginal sinus. Its placing is therefore rather difficult, and special forceps have been designed for its application. Its sole advantage appears to be that, once inserted correctly, it is very little liable to displacement.

It is used on the Continent for cases of abnormal cervix and other such difficult conditions, and is inserted by a medical practitioner or trained nurse.

I know of no single instance of its satisfactory use in England, and I should be interested to hear from any who use it.

(28) Balls of circular rubber.

Balls (just the ordinary small plain rubber playing ball of soft rubber) were long since

advised by DR. ANTON NYSTROEM.* The size used should be about $1\frac{1}{8}$ to $1\frac{3}{4}$ inches in diameter. The principle of their application is similar to the Dutch cap (see p. 160) but they should avoid some of the disadvantages of those caps. They are, however, difficult to remove without discomfort. Some continental medical practitioners advise them.

I have never known any case of their use.

(29) Large membranous or rubber sheaths, the "Capote Anglais" calculated to cover the internal female organs completely, acting like the male sheath in preventing contact of the seminal fluid with the vaginal surface (Pl. IV, fig. 10).

A variety of these large internal sheaths for the vagina are made in one form or another. For instance one is advertised as "DR. KINGS" another as the "Mother of a family." All have an oval inflated rim with a long condom-like sheath of thinner rubber attached. In theory they resemble the condom, being merely in one way a reversed condom applied as a lining for the vagina instead of a covering for the penis.

From the point of view of the woman they have all the disadvantages of the condom in so far as they prevent contact

* See p. 79 in G. HARDY'S "How to Prevent Pregnancy." Pp. 94, 39 illustrations. Paris, 1916.

of the male organ and female epithelium, and hence also, of course, prevent the absorption of the seminal fluids. From the point of view of the man they have some of the same disadvantages as the condom, but they do avoid the personal discomfort to him which so often leads to a reduction of his erection after applying the condom himself.

Sometimes a woman is aware of her husband's contamination with venereal disease, and also his callous refusal to take trouble to prevent her infection. Such an unfortunate wife should certainly use this protective sheath ; it is the only feminine method offering anything approaching safety from venereal infection. It *may* also be used with advantage if the gravity of an unexpected pregnancy is extreme, as it is a secure preventive.

(30) Intra-uterine springs, studs, metal buttons, the "Gold Spring" or "Wishbone" pessary, metal cigar-like structures in a great variety of shapes and forms designed to enter the cervical canal, and some also to fill the uterus.

It is curious that almost every amateur in contraception thinks first of a simple stud or button to plug the cervical canal. In the last few years I have had a large variety of these "inventions" brought to me.

Also a great many varieties in current use are shown me from time to time by medical men and others. There seem no end to the shapes, forms and materials of such devices. From simple studs, not unlike a collar stud, to a complicated fluted metal instrument almost as large as a cigar, almost every range of variety and shape that could be imagined seems to have been fashioned by one person or another, and used successfully by women in some part of the world.

In general I think any simple stud or contrivance calculated merely to fill the lumen of the cervical canal, is *theoretically* unsound and probably detrimental in practice. Nevertheless, I know such simple studs are advised by some medical men, and used successfully, but in general I feel they are probably not very safe as contraceptives. For slightly "frigid" women they may be quite successful, but I cannot imagine them succeeding with a woman sufficiently strongly sexed for the natural opening and aspiration of the os during coitus. The smooth-stalked stud or button would simply drop out and be useless. The plugging of the cervical canal and consequent closing of the exit for any extruded secretion is also not to be recommended, and is a very different thing indeed from the

covering over of the external os with a cap which allows sufficient space for the natural requirements of exuded secretions during coitus.

Nevertheless many distinguished Continental medical practitioners view these contrivances with not only approval, but with enthusiasm, and one learned M.D. from S. America with whom I discussed the matter at great length maintained his advocacy of a very simple stud-like form as the *best* contraceptive possible.

I do not propose to illustrate or go into very much detail about contrivances of this sort, which can be readily imagined.

An Austrian apparatus of silver called the "Uterop" may be mentioned here; it is designed to enter the womb itself and is supposed to be left in weeks at a time.

An extension of the same type of thing, called "Venor" is used in Germany, and is designed so as to fill the cavity of the uterus. Often I have heard foreign practitioners advocate such things but do not know of their use by practitioners of any standing in this country. It is evident that their use *may* be better than a fatal pregnancy, but that they cannot be advised for normally healthy women.

The "Gold Spring" or "Wishbone"

pessary is a variety of "stud" or "stem" which has become rather well known from its use in the United States. It is so made as not to block the lumen of the os, and thus permits the exit of the natural secretions as they arise. It is a somewhat more carefully thought out variety of the "stud" form with a bifurcated stalk, long known and illustrated in this country, as, for instance, in Down Bros.' well known surgical catalogue in which are figured similar appliances which were invented and used thirty or forty years ago.

I am not aware who was the individual who first devised this particular form of pessary, nor who are the chief designers of the modifications. It is catalogued by EISSNER, the makers in New York, as being "made after the design and suggestion of three prominent New York gynæcologists." The "Gold Spring" is at present principally used in America, although it is also used to some extent on the Continent and in this country. I first discussed its use in certain circumstances in the sixth edition of "Wise Parenthood," because so far as I could discover it is the best available pessary which *being once inserted by a doctor secures a contraceptive means which is out of the control of the patient.* Therefore, at present, it should be

valuable if properly used, because it might be applied to one of the greatest problems for those advocating a racially valuable practice of contraception, namely, to secure freedom from conception on the part of degenerate, semi-feeble-minded or carelessly drunken women who are incapable of giving the necessary thought or care to the use of contraceptives themselves, and who ought on no account from a racial point of view to bear further children.

When I drew attention to this method in this country I did so from first hand discussion with doctors practised in its wide and successful use in America, and I did so unaware that English doctors knew so little about it and that most had not the necessary technique either as regards its insertion or its after-care. This has now been revealed to me from a number of sources and I must therefore reserve my advocacy of it in this country until the English medical profession has more fully considered the conditions for its successful use, as it only leads to disappointment to describe results attained in another country to women who are tied to their native city. I have discussed it fully with a doctor who has had a thousand successful cases, and who pointed out that the size and proportion of the pessary should be

made in accord with the individual woman using it (a point, I think, universally overlooked by practitioners in this country), and that it necessitates a continued supervision of the patient to the extent of an examination, removal and cleansing at intervals of two or three months, although I have also heard from others who use such an instrument that they inspect it in their patients only every six months.

Some of those who oppose contraception either on principle or from prejudice have attacked this method as an "abortifacient." This is essentially untrue and unfair; although *carelessly inserted* or neglected after its insertion it *may* become such, it must not be forgotten that anything improperly used — a crochet-hook or a finger may become an "abortifacient." A small illustration of the spring was given in the *Lancet** with comments. MR. NORMAN HAIRE, M.B., described the appliance as an abortifacient, but without first acquainting himself with the fact of its use by most responsible and important doctors in the United States and elsewhere as a pure contraceptive. MR. HAIRE, M.B., again attacked the pessary, and also me for my "ignorance of medical matters" for advocating it. He is

* *Lancet*, November 12, 1921, p. 1003.

answered by the fact that simultaneously with the publication of his attack on me in the *Lancet*, the *British Medical Journal* published a letter from a medical practitioner not merely advocating its use, but its *compulsory* use! This doctor went farther than I should do at present, and said * : "In cases unable to maintain themselves or their children the woman should be temporarily sterilized by compulsion for varying periods —for example, by the insertion of the spring wish-bone pessary." On other points also I replied to MR. HAIRE in the *Lancet*.† My knowledge of this type of spring is chiefly at first hand, from personal discussions, but recently I received a letter from an important American doctor who wrote : "You are quite right in believing that I have myself used it in suitable cases quite extensively for a number of years. It has proved in every instance quite effective."

When in America I met one of the New York Gynæcologists who himself was so confident of the method as a reliable contraceptive that he placed it *first* among all

* R. H. VERCOE (1922), letter in *Brit. Med. Journ.*, No. 3216, August 19, 1922, p. 327.

† M. C. STOPES (1922), letter in *Lancet*, No. 5166, September 2, 1922, p. 539.

contraceptives and considered no other equal to it. I met also another medical practitioner who specialized in birth control and who had had a thousand satisfactory cases in which this spring had been used as a contraceptive. Altogether I know of over 1,056 cases of its successful use, as against one (and a doubtful second) of its failure, the latter due to *neglect* and improper use : no impartial scientist could rest content to condemn a method on such data.

British divergence of medical opinion is due, I think, to the one or two recorded failures which have been given undue prominence by those who did not perceive the cause of the error in application of the method to an unsuitable patient.

It should be noted that there is a considerable range of sizes and variety of makes to suit the special configuration of the individual patient. A special carrier for insertion is required and after-care is essential. The medical practitioners who use it largely in America have special after-care nurses whose business it is to keep in touch with patients who have had the spring inserted.

Were such serious and proper consideration of the means of contraception devoted to the subject in this country as it deserves,

the method might prove invaluable for use for the very type of person whom it is racially desirable that doctors should control and should not leave potent to conceive through negligence and carelessness. However, the pessary is now made either of silver, silver gilt, pure gold or platinum and is therefore too expensive for this class of patient. It costs about two guineas ; hence until our country decides to spend money on *prevention* rather than expensive institutions to keep wastrels and the feeble-minded, the cost takes it out of the reach of the very ones who most need a controlled contraceptive.

This method is, so far as I can discover, the only one so far available which *might* be used to deal with cases which otherwise should be sterilized. Therefore, this method should receive consideration and study rather than uninformed condemnation.

One medical practitioner in New York told me that it was used in the first instance for women who did not conceive owing to the persistent closure of the cervical canal, the pessary was inserted in order to stretch the canal and keep it open. After being used for that purpose for a few months it was removed, pregnancy ensued and then after the desired birth it was reinserted with

a view to keeping the woman free from further conception till such was again desired. It would take too much space to discuss the matter fully, but it should be borne in mind that the theoretical considerations guiding its use depend on the very important though too generally overlooked, distinction between *fertilization* and *conception*. The ovum *may* (though not likely) be fertilized, but the action of the spring is to cause the uterus to throw it off *before* conception takes place and while it is yet free-moving. In this connection the reader is advised to study the admirable chapters in BALLANTYNE's great work.*

The method in my opinion is not suitable for women who wish merely to space desired children, as it is said that if the "wishbone" is persistently used it tends to make the uterus disinclined to settle down with a true conception.

It has of course an advantage over all other methods in not requiring daily care, and therefore it interferes least with the psychological reactions of coitus, because once inserted it requires no further thought on the part of the patient beyond inter-

* J. W. BALLANTYNE, M.D. (1904), "Manual of Antenatal Pathology and Hygiene: the Embryo." Pp. xix, 697. 95 illustrations. Edinburgh, 1904.

mittent visits to her doctor to have it attended to, and can be forgotten by her for weeks at a time.

Illustrative Case.

Case No. 2024. Woman with two children, the younger 9 months old and delicate. This case is interesting as she is the only one known to me who found the small occlusive cap pessary gave a sense of irritation although it was not uncomfortable. This patient urgently required a reliable method as she preferred death to having another child, her baby was extremely delicate and her husband in financial difficulties. The gold spring pessary was inserted by her family practitioner. Slight coloured discharge ensued for a couple of weeks and heavy menstrual periods for two months. A year and a half later she writes "up to now it has proved a tremendous success. I have had no discomfort after the first two months." As she was leaving England the spring was removed, and she writes "I shall certainly have it replaced. . . it has been my best friend."

Comment: I hesitate to advocate any varieties of the above methods for general use in this country at present, but there is

no doubt that some modification or other of these appliances which penetrate the os have proved valuable in many cases and deserve attention. I feel that a doctor who takes the trouble thoroughly to acquaint himself with varieties of the method may be doing most useful service, particularly in connection with women physically incompetent again to be mothers and who yet either dread or are unable to afford the operation of sterilization.

In General.

In conclusion I may say that where the woman is healthy, with normal cervix and the usual relation between the length of the finger and the vaginal canal, without any hesitation I should always recommend the simple cervical cap of the "Pro Race" all-rubber type rather than any other contraceptive. Intelligent women by the hundred thousand have used such caps for forty years, and found them almost ideal. With this cap, according to circumstances, the woman can use additional soluble quinine pessaries without any great inconvenience to the spontaneity of the coital act.

In all ordinary circumstances between a normal pair I favour the use of the contra-

ceptive by the woman rather than by the man, because there is no means of contraception used by the man which is not detrimental. By the woman, however, control of conception need involve no such detrimental effect, and she may use the sponge, the soluble quinine pessary, or, best of all, the cap with a minimum of interference with the reactions of complete coitus and a maximum of comfort and security. One or other, or all three, of these methods can be applied with the greatest of ease.

There are certain special cases which require rather different procedure which will be indicated in the next chapter.

CHAPTER VII.

Contraceptives for Some Special Cases.

In the course of the descriptions of the various methods of contraception in current use, some indication of their value in special cases has already been given. It may be useful, however, to be more explicit about some of the difficulties which are of fairly common occurrence and which present themselves as special problems.

For normal couples on the bridal night.

Though it may well be argued that on the bridal night no thought of contraceptives should arise, yet for perfectly good reasons, either medical, financial, or due to the necessities of travel in remote districts, some bridal couples may require to use a contraceptive. It is true that the risk of pregnancy resulting from the first unions is much less than is generally supposed, but there are circumstances which demand that a young couple should take no risk what-

ever. The assumption properly is that the bride is still *virgo intacta ;* and therefore any preventive measure to be used by the woman should be in the ordinary way impossible. It is true that nowadays an increasing number of girls have, through athletic activity and other natural causes, had the hymen already ruptured ; but a hymen partially, or even completely ruptured in this accidental way does not involve the internal stretching which is caused by successive acts of coitus, so that the bride is not physically in a condition to wear the occlusive cap, and though she *might* be able to utilize the quinine suppository, it is very liable to cause soreness and irritation in the first few days owing to the laceration and tenderness normal at the bridal period. Without doubt for the first two or three weeks of marriage responsibility for the contraceptive measures taken should properly devolve on the man.

When asked, as I frequently am, what course should be pursued by a young couple with good reasons to take contraceptive measures on the bridal night I generally recommend that for the first few weeks of marriage the man should use the ordinary condom or sheath (see p. 125). This has a double advantage because it not infrequently

happens, particularly with men who have lived honourable lives, that at first the man may be inexperienced and hence a little clumsy and thus fail in the proper placement of the ejaculate. The use of the sheath prevents accidents which, unless guarded against, cause such revulsion on the part of the bride that the effect may be life-long and ineradicable. The sheath is indeed well-nigh essential in cases (which are actually very much more numerous than seems to be realized) of men who, for the first few weeks at least of their marriage, are inclined to premature ejaculation as a result of over-strain and excitement. Another advantage of the temporary use of the condom by the bridegroom is that it tends to retard somewhat the man's natural excitation and to make it easier for him to proceed with less haste than might otherwise be possible. As I have already pointed out in "*Married Love*" the woman is very apt under modern civilized conditions to suffer deprivation of the completed coital act owing to the excessive speed of the husband's completion of his share of the mutual rite.

After a few weeks of marriage when the local soreness due to the rupture of the hymen has entirely ceased, and the bride is able to take the necessary precautions her-

self, the cessation of the sheath and the use of the internal occlusive cap (see p. 138) by the woman should be advised.

For cases warped by FEAR, either as suppressed neuroses or in an active and conscious form.

Unless the young woman has seen in her own home her mother brutally treated and martyred to child-bearing, *fear* of childbirth and pregnancy is not characteristic of the woman who has not borne a child. Indeed, I think, I may safely say that the great majority of healthy happy young women take on gaily their first motherhood. Thereafter their individual circumstances determine whether or not fear will develop.

In all the medical and scientific works I have read I think nowhere is justice done to the health-destroying, home-wrecking work of *fear* of pregnancy in our modern civilization. This fear in a woman is often less on her own behalf than on behalf of her husband, her children, or the family resources, and a number of other unselfish considerations ; but the fact remains that fear of pregnancy is so intense as to hang like a great fog-cloud murkily ever-present and dimming the health of large numbers of our people. A woman in whom this

fear is developed and who has tried some one or more "recommended" contraceptive which has failed her, is often a difficult case to advise. If her sufferings have been intense she may be unconvinced by any argument and no matter how bad the results in other ways, she will persist in her refusal to have coitus with her husband. Individual care, instructive talks and explanations of the harm this causes both to herself and her husband, and demonstrations of just *how* the advised contraceptives act, should coincide with reading by the patient herself of as much in the way of scientific and explanatory literature* as she has the education to understand. A personal local examination, and, if suitable, the fitting of the cap or pessary and a demonstration by a doctor or midwife are essential. According to the degree of fear developed, three simultaneous or two simultaneous methods should be advised with an explanation of how greatly the security is increased by such duplication of safeguards.

Cases with depressed or amputated cervix.

A case who may be, in every other respect, entirely normal and for whom

* For this purpose, see the list of books recommended by the C.B.C. Society, supplied by the Hon. Sec., 7, John Street, Adelphi, London.

therefore the method of contraception which should be advised is the cervical occlusive pessary, may yet be peculiar in having an under-developed or suppressed cervix, and for that reason will be unable satisfactorily to fit and use the cap. Similarly women who have had the cervix amputated will be unable to use that method.

Ill-considered advice has sometimes been given to such women to wear the "Dutch Cap" (see p. 160), but if they are small or normally shaped, potent, and capable of the properly completed act of coitus, I do not advise this for the reasons detailed on p. 162. For such women the sponge (see p. 132) is probably the best method, or the quinine suppository (see p. 105) by itself may be sufficient.

If, on the other hand, cervical deformation is coupled with a general obesity and stretching of all the parts, the "Dutch Cap" (properly made) will then probably be the best method to use, and it will be justified because the firm gripping movements of the vagina will have been lost already, and the "Dutch Cap," therefore will not be interfering with processes which the woman without it might complete.

For cases with lacerated or proliferated cervix or adjacent growths.

In some cases the cervix is so deeply cleft that an ordinary woman might fit a cervical cap on to one half of the cervical neck and leave the other uncovered, and the cap would then be insecure and entirely unreliable. In cases where the cervix is proliferated or there are other extraneous growths adjacent to it, the small occlusive cap cannot be fitted. If a woman who suffers from cervical or adjacent growths tries to use the cap she may be misled into thinking the cap caused the growth! Hence, not only does the "cap method" get blamed for failing as a contraceptive, but it is said to "cause bleeding" or growths or whatever is wrong.

Illustrative Case.

A woman wrote to me that the cap had caused cancer. Immediate inquiries elicitated from her the fact that bleeding ensued the *day after* she used a cap for the *first time*, and that cancer was at once diagnosed.

It is perhaps hardly necessary to point out that a soft rubber cap *cannot* cause a cancerous growth in eight hours! Nevertheless, this case, and a possible few scattered cases like it, are, I believe, the source of

many of the rumours put into circulation by the opponents of contraception. On this subject pre-eminently, no scientific inquiry into the relevant details, nor even a clear statement of the facts, are given about cases which are quoted and re-quoted as "bogies" but not critically inquired into.

For cases such as the above, the first step to be taken is to put right whatever is wrong, and operate if necessary, after that contraceptive measures may be considered : the likeliest then to succeed are the sponge (p. 132), the Dutch Cap (p. 160), or the feminine sheath (p. 169). Of course, where the woman is left in such a state that *she cannot use* any method herself, the husband must wear the sheath, however unsatisfactory, or one of the pair must be sterilized.

The existence of such cases of local physical abnormality, which may occur in women who in all other respects appear normal, and who may think themselves in good health, affords the best justification for my demand for Clinics or properly trained midwives attached to antenatal and welfare centres, because ignorant women are often not able to determine whether or not they are normal. If the above abnormalities are present and unsuspected, and the woman uses the occlusive cap she may

find it "fails" and she conceives, and she is thus not only a sufferer personally, but is a centre of these very untrue rumours that a "cap is unreliable."

For cases of undue size.

Obesity, the stretching due to many child-births, and a lack of tonicity in the adjacent muscles sometimes result in local conditions making the use of the small occlusive cap impossible. For such cases, who are inherently unable to perform the sex act quite perfectly, the use of the properly made "Dutch Cap" is perhaps the best method available.

It is interesting to note that the Jewish women of the slum quarters of East London appear to have cervices much larger than those normal among more typically British stocks, and there is an extra very large size of cervical occlusive cap which was originally made for Jewish midwives and used by them among their patients.

Cases of prolapsus uteri.

Unfortunately in those women who have been injured by and improperly repaired after child-birth, or who have, in other ways, borne too great a strain, uterine displacements and prolapse of one sort or

another are very prevalent. Prolapse if at all serious, is apt to render the use of the occlusive rubber cap (see p. 138) impossible, or at the best to make it unreliable.

Many women suffering from prolapse wear a ring to support the uterus which makes it impossible to adjust the occlusive cap. If the cervix is fairly supported so as to be approximately in its natural position their choice of contraceptive would lie between a sponge (see p. 132) and the quinine pessary (see p. 105) either of which might be sufficient by itself. If, however, the danger involved in a pregnancy is very great a woman will probably be well advised to use both of these methods for further security. If the cervix is very seriously out of place (as is unfortunately not rare in women of middle age who have borne a good many children) the use even of both the sponge and quinine may be little or no safeguard, for if the cervix is placed low down in the vaginal canal, neither of these methods is effectively secure.

Although I think it has serious drawbacks, the only method which a woman with a low-lying cervix can herself use with any degree of safety is the feminine sheath (see p. 169). On the other hand, if she has an affectionate and reliable husband, he may

wear a sheath, but both these methods have the disadvantage of depriving her, as well as her husband, of the full benefit of coitus.

I confess, alas, that I know of *no satisfactory* method of birth control for the woman herself to use when she has a badly displaced uterus with the cervix low down.

This, of course, is no reflection on the value of contraceptive methods, but merely brings home the fact (which should be self-evident from other points of view) that no woman should be permitted to go about with a badly displaced uterus. I may say that my experience in the last year or two, when I have learnt the history of a number of poor women, has been such as to intensify my horror and amazement at the gross neglect with which the average poor working woman is treated in this connection.

Illustrative Case.

A woman personally known to me, having had five children (which was far more than the weekly earnings of her family were sufficient to support) desired to use birth control methods herself as her husband was negligent, and found the cervix to be badly out of place. I advised her to go into hospital and be operated upon so as to have the uterus restored to its proper position. She

said she had wanted to get this done and had been to two hospitals, at both of which the doctors had laughed at her and said that as she could go about they would do nothing as there were thousands of women worse than she and they had no time to attend to such comparative trivialities. The "triviality" in this case involved this poor working woman in a back-ache so continuous that she had to stop two or three times a day in the middle of her work nearly crying with the dragging pain to snatch a few moments lying down. She also ran the continued risk of further pregnancies owing to the impossibility of any cheap and simple method of contraception being of any use to her.

Contraceptive measures for persons specifically diseased.

While it seems to me revolting that any diseased person should either indulge in or be called upon by another to co-operate in the coital act, nevertheless it is useless to disguise the fact that it is done with extreme frequency. Where the disease is local and contagious, as are either of the venereal diseases, there is no doubt that the condom by the male or the feminine sheath by the woman, should be used, and these

should be well smeared with a disinfecting ointment such as calomel ointment, and the sheaths should preferably be used by both parties.

In such circumstances as this the contraceptive is not a contraceptive pure and simple but performs the double function of preventing a conception which would be a crime against society, while it also helps to minimize to some extent the risk of contagion from the diseased to the healthy person. In my opinion, however, patients should be told in the plainest terms they can understand, of the risks they run and the virulent nature of the germs they are liable to convey.*

When one or other of the uniting pair is diseased, but not locally—such for instance as those who are tuberculous, or when a woman suffers from diabetes, renal disorders, or other maladies of a serious nature—no special local disinfectant need be used ; but as a pregnancy would have very serious effects both for the mother and the child, special care is wanted to secure the avoidance of even the smallest possible chance of failure. Therefore, at least two contraceptive measures should be

* M. C. STOPES (1921), "Truth about Venereal Disease." Pp. 52. London, 1921.

used simultaneously. In a great many of such cases, however, I should advise not a temporary and continuously troublesome measure of contraception, but permanently effective sterilization (see below). This is also even more necessary in those who suffer from insanity or definite feeble-mindedness.

The same applies even more explicitly to all cases of women where a fortuitous pregnancy would involve the *necessity* for an evacuation of the uterus (see p. 54). In such circumstances, no further risks should be taken and the woman should, therefore, be permanently sterilized.

Sterilization.

Where the diseased or degenerate person is the man, this is of course a much easier and lighter operation by means of vasectomy than where the one to be sterilized is the woman. For women probably the cutting and double tying of the Fallopian tubes is the best of the various methods of sterilization, but as it involves rather a serious operation, the expense tends to take it out of the reach of a great many just of those women who most need it.

The old-fashioned method of sterilization which was for some time rather fashionable

in America, namely, the excision of the ovaries, is now no longer advocated except where local disease necessitates their removal. Even then an effort is always made to leave a small portion of the ovary owing to the extreme importance to the entire system of the internal secretions from these organs. The *double* tying and cutting of the Fallopian tubes does not involve any detrimental loss of the internal secretions and is, therefore, the method best suited for general use. This is generally safe and can be relied on, but the older method of a single ligature is not entirely safe. Recently Dr. McArthur advised in place even of the double ligature, the complete removal of the tubes, his words being: * "The reparative power of a mutilated tube is extraordinary, and now, when sterilization is demanded, I adopt only one method—namely, complete removal of the tubes and the greater portion of the uterine ostium. By doing so one is, in the first place, certain of sterilization, and, secondly, that there are at least no receptacles for infection."

Illustrative Case.

DR. MCARTHUR'S case,* "Some years ago I operated on a woman for prolapsus uteri,

* A. NORMAN MCARTHUR: Letter in *Brit. Med. Journ.*, December 11, 1920, p. 890.

performing amputation of the cervix, anterior colporrhaphy, extensive colpo-perineorrhaphy, and suspension of the uterus, and ligatured both Fallopian tubes with silk. Eighteen months afterwards she appeared in my consultation room four months pregnant. I had told her she need not be afraid of becoming pregnant again. She took no precautions, whereas for nine years previously she had taken precautions with success. Ultimately a child weighing 14 lb. was born ; the mother was torn to the uttermost and prolapse occurred worse than ever. I had to operate again ; there was no sign of the silk, no evidence of stricture of the tubes, which both looked quite normal."

The *Sterilization of the male*, where necessary, is a much less serious operation. The old method of castration is never employed where sterilization pure and simple is desired. The best practical method is vasectomy.

Of *Vasectomy*, BELFIELD said as long ago as 1909* that it "is an *office* operation ; it can be performed in a few minutes under cocain anæsthesia, through a skin cut half-

* W. T. BELFIELD (1909): "Sterilization of Criminals and other Defectives by Vasectomy," *Chicago Medical Recorder*, in *Journ. Amer. Med. Assoc.*, vol. lii, No. 15, p. 1211.

an-inch long ; it entails no wound infection, no confinement to bed ; it is less serious than the extraction of a tooth . . . it does not impair the mechanism of erection and ejaculation."

X-ray sterilization has now a voluminous literature of its own, since its first, more or less accidental introduction. In 1909 REGAUD and NOGIER reported the successful sterilization of male rats by one application only of X-rays filtered through an aluminium plate. This left no injury of any sort.*

Schäfer's textbook on Endocrine organs generalizes upon the condition of male sterilization, and says : † "If the testicles are exposed to the action of X-rays, the seminiferous epithelium undergoes degeneration ; although the interstitial tissue is not, at first at any rate, attacked."

Numerous recent advances in the study of X-ray and radium sterilization have been made, and their consideration is outside the scope of the present book. Reference might, however, be made to the interesting

* CL. REGAUD and TH. NOGIER (1909): "Stérilization complète et définitive des testicules du Rat," *Compt. rend. l'Acad. Sci.*, vol. cxlix, pp. 1398-1401, Paris, 1909.

† ED. A. SCHÄFER (1916): "The Endocrine Organs, an Introduction to the Study of Internal Secretions," pp. ix, 156, London, 1916.

paragraphs in the *Lancet** under the heading, "Control of Conception by Irradiation," in which a brief account is given of the work of Markovitz and Kriser. The procedure suggested by Markovitz being the production of a temporary sterility by means of a minimal dose in one of the married pair, and then "irradiating the man before the ability to conceive returns in the woman, as indicated by the recommencement of menstruation. Since the duration of the sterilization in the man is as yet unknown, he admits that periodical examinations of the spermatic fluid will be necessary. . . . The treatment has the merit of avoiding finality."

It is outside the scope of the present survey to discuss sterilization fully, and the above notes are merely included as a connecting link between the present work and some of the many medical works on sterilization to which reference should be made.

It is much to be desired in the interests of the race that inexpensive methods of temporary sterility should be devised, improved, and rendered available in practice for those in whom disease or a degenerate or undeveloped mental capacity, render likely to produce detrimentals if they breed without restriction.

* *Lancet*, September 16, 1922

CHAPTER VIII.

Some Objections to Contraception Answered.

The last book by the famous American writer WILLIAM HAWLEY SMITH* contained the following statement :—" The science of human reproduction, on a basis of *choice* rather than *chance* once discovered, and its practice actually inaugurated, its spread will be assured in due time, all over the whole earth . . . for the advantages to be thus obtained, to all parties concerned, are so many and so great that, once realized, they will be universally adopted."

Yet to-day opponents hinder the spread of the helpful knowledge of contraception : what are their stock arguments ?

There are few *reasoned* objections to contraception, but the very large numbers of prejudiced and biased statements against the idea are serious. How true are the

* WILLIAM HAWLEY SMITH : (1920). " Children by Chance or by Choice." Pp. 361. Boston, 1920. See p. 288.

following words! "In my opinion the main present obstacle to the complete success of the [birth control] movement in Britain is not the arguments against it nor the reactionary irrational opposition which confronts every beneficent and simple plan for the amelioration of mankind. It is the notorious false shame of the Anglo-Saxon race. We do not like to talk seriously about the use of contraceptives."* It would be quite impossible to deal with all the prejudices against the subject, but it may not be out of place to take up point by point some of the more prominent statements masquerading as "arguments" and to demonstrate how most of them depend on a false interpretation, or an incomplete knowledge, of essential facts.

Pseudo-Scientific Objections.

Many of these objections to the practice of contraception would, I expect, be classed as "scientific" by those who raise them. They crop up in the most unexpected places and are found tacked on to thesis of great variety. Were I writing a complete historical memoir on the subject, it would be worth while to record the

* ARNOLD BENNETT: Preface in "Fecundity versus Civilization," by ADELYNE MOORE. London, 1916.

curious ideas of earlier ages and discuss carefully all the arguments based on pseudo-scientific premises. I propose, however, at present only to deal with a few of the statements made in recent years by persons of standing, or else with ideas which are in such general circulation as to influence public opinion.

The commonest form in which the pseudo-scientific argument is found is some variety of the pernicious generalization involved in the use of the oft-repeated phrase that "birth control methods are harmful."

The double fallacy contained in this phrase depends upon the facts that birth control methods are very numerous, varied in their actions and reactions, and in the procedure they involve (as has been noted in the preceding pages) and that while one method may be harmful to certain people in one respect and another to other types in another respect, there are methods which are not at all harmful to normal people. Nevertheless in the unwholesome atmosphere of prurient concealment which has for so long surrounded sex subjects in this country, the fact that even untrained minds have detected a certain amount of harmfulness in *some* forms of procedure has lent colour to the

false generalization that "*all* birth control methods are harmful."

I have on many occasions heard that generalization uttered with pompous assurance, and I have challenged the one who made it to state *which methods* and *what was the harm*, to which reference was being made. Almost without exception the mind of the objector was easily demonstrated to be in a hazy fog, possessing little or no knowledge of the details of actual methods, and a total incapacity to be explicit about the exact nature or the psychological or physiological reactions of any method which I introduced by name into the discussion. Nevertheless such arguments as the incorrect generalization in the opening paragraph have gone forth to the world as the pronouncements of "science" or "medical opinion."

A few other indications of the kind of loose talking and thinking on this subject which masquerade as serious opinion follow.

"In the vast majority of families where no restrictions or unnatural means are used and where mothers nurse their children for eight or nine months, children only come every two years." This statement by LADY

BARRETT, M.D., *may* be approximately true of middle class women of the type with limited fertility : it is ridiculously untrue of the typical working women who really form the " vast majority " of our female population, most of whom have babies annually *or* are incessantly bringing on abortions. It has even been said by a distinguished authority that abortions and miscarriages are more numerous than live births in some towns.

" I have no doubt that prevention of maternity by *artificial* methods invariably produces physical, mental and I think moral harm to those who resort to it . . . I am sure it does harm to both if they both agree to it. The act is incomplete ; it is not a spontaneous act ; and if the act ceases before the proper crisis, as it were, the nervous system suffers enormously if the habit is continued for long. And the result often is that there is a great deal of congestion produced in the woman, at all events." This statement by AMAND ROUTH, M.D., before the Birth Rate Commission in 1914 *appears* to be a weighty medical opinion against *all* " artificial " contraceptives. It is unqualified, and if read by those who know less than DR. ROUTH about the subject will appear to be an argument " against all birth control methods " ; but those who examine it care-

fully will perceive that he is evidently speaking of *coitus interruptus* (see p. 69) though he does not say so. It is clear that the points he scores against *coitus interruptus* have no validity against, for instance, the occlusive cap (see p. 138).

"Once pregnancy is abolished there is no natural check on the sexual passions of husband or wife." This low-minded statement is made by HALLIDAY SUTHERLAND, M.D., who proceeds to glorify Ireland and Spain as models for us to copy! Such a statement as this is based on a confusion between *lust* and true love, and can only be made by one who is ignorant of the latter, and who ignores not only physiological laws but also forgets the instincts of human refinement and restraint which characterize *love* as distinct from lust.

A similar idea was expressed by PROFESSOR MCILROY to the Medico-Legal Society when she said, "Intercourse, when premeditated, and where precautionary measures are taken, is no longer a spontaneous act; it is a mere physical union." This is untrue of all high-minded lovers, whether or not they use a contraceptive. It does not apply at all to the use of a contraceptive for racial purposes, and one, moreover, so simply managed as the occlusive cap which can be

regularly inserted daily, in the afternoon, and taken out next morning. Then, whenever the sex union takes place it is a purely spontaneous act of love ; the cap, like the sleeping robe, being an article of frequent wear should have no psychological reactions on the coital act except to free it from *fear* and thus to elevate it.

Seldom, but nevertheless occasionally, opinions antagonistic to contraception are coupled with some more specific facts which lend an air of authority to the pronouncement. The most notable of these in recent literature was the lecture in 1922 of PROFESSOR ARTHUR THOMSON on " Problems involved with Congress of the Sexes in Man." His main theme was one of great general interest, and he championed the view that " the male ejaculate possesses other properties than those directly associated with the male fertilizing element."*

This view I naturally received with something more than ordinary assent, as it is my own view and was published by me in 1918.† Since publishing it I was glad

* A. THOMSON. 1922. " Problems involved with Congress of the Sexes in Man." *British Medical Journal*, January 7, 1922, p. 5.

† M. C. STOPES (1918) : " Wise Parenthood " (Ed. 1, 1918). See 7th ed., p. 40. See also " Radiant Motherhood " (Ed. 1, 1920). P. 104.

to learn that so eminent a surgeon as SIR ARBUTHNOT LANE held the view that the *prostatic* secretion is of positive value, and is absorbed by the woman. PROFESSOR THOMSON in presenting his opinion gave what professed to be complete references to all subsidiary evidence in its favour, but he omitted mention both of SIR ARBUTHNOT LANE's and of my priority to him for what is true in his view. I had said "It is extremely likely that the highly stimulating secretion of man's seminal fluid can and does penetrate and affect the woman's whole organism"; also "Women absorb from the seminal fluid of the man some substance, 'hormone,' 'vitamine' or stimulant which affects their internal economy in such a way as to benefit and nourish their whole systems."* I consider the *vagina* is absorptive. PROFESSOR A. THOMSON'S idea that it is the secretory glands of the uterus which do the absorbing, was promptly and effectively answered by BLAIR BELL† who

* The minute quantities likely to be absorbed in such a way are not evidence against their great influence and importance; concerning the general physiology of hormones, &c, see the excellent textbook on physiology by SIR WILLIAM BAYLISS, M.A., D.SC., "Principles of General Physiology," 3rd ed. Pp. xxvi, 862, + 261 illustrations. London, 1920.

† BLAIR BELL (1922): Letter to *British Medical Journal*, January 21, 1922.

said "In regard to these glands, PROFESSOR THOMSON wants to know, 'What then, is their function? Are they secreting or absorbent? *In truth the views on the subject are very vague*' (italics mine). Whose views? I do not think that any gynæcologist has any doubt on the matter, nor do I suppose any physiologist would have much difficulty in deciding between secretion and absorption."

The argument in PROFESSOR THOMSON'S paper which received the most general attention was contained in his concluding paragraph, in which he said of contraceptives that "The employment of such methods [*although he does not specify which*] while preventing fertilization may also be the means of depriving the female of certain secretions which may exercise a far-reaching influence on her economy."

As the Editor of the *British Medical Journal* refused to publish any letter from me on the subject, even when requested to do so by PROFESSOR SIR WILLIAM BAYLISS, F.R.S., the great physiologist, I sent a short letter to *Health*.* About Prof. Thomson's article "I have two things to say. The first is my ever-recurrent astonishment that

* M. C. STOPES (1922): Letter on "Marriage, and the Health of Women," *Health*, March, 1922. P. 226.

persons who have some knowledge of scientific method should nevertheless speak of 'methods of contraception,' and lump their views about them under this one head, as though all the various methods had the same kind of physiological result, and, moreover, should do this in spite of my clear separation of the different types of physiological reactions naturally resulting from the different physiological processes involved in the very great variety of methods in use. It is utterly unscientific, indeed it is absurd, to talk about any general result of 'methods of contraception.' *Each* method has its own particular reactions and results, and unless they are distinctly specified, any generalization about 'methods' is invalid."

I concluded : "While naturally I approve of the *main* thesis of PROFESSOR THOMSON'S paper, I think that he weakens his argument by ignoring the proved absorptive property of the vagina, for undoubtedly in unions properly conducted, the woman does absorb through the vagina subtle substances of some nature or another not yet determined, which are certainly beneficial. The particular theory of uterine absorption elaborated by PROFESSOR THOMSON is one already discussed and disputed in the

British Medical Journal, about which very much can be said. If his views be true that the 'uterine glands' absorb from the seminal fluid, even that is no argument against the use of quinine and various other methods of contraception, because such methods do *not* prevent the seminal fluid from penetrating the womb. It is to be hoped, therefore, that PROFESSOR THOMSON'S indiscriminate remarks about contraceptives will not mislead others into generalizing too hastily."

Contraception "is not natural."

This "argument" is incessantly brought forward by shallow thinkers and moralists. It is hardly necessary to point out that in this sense, the whole of civilization is "not natural": that tooth-brushes and eye-glasses, chloroform and telephones are each and all as much a violation of "nature" laws." SIR E. RAY LANKESTER * pointed out very vividly that "Man is Nature's rebel. Where Nature says 'Die!' Man says 'I will live!'" and that man must face the consequences in his too great numbers. He points out that animal populations do *not* increase—"'Increase and multiply has never been said by Nature

* E. RAY LANKESTER (1922): "The Kingdom of Man." Pp. x, 114 illustrations, London, 1912.

to her lower creatures' except for a time and locally, but man 'Nature's Insurgent Son' is the *only* animal regularly and persistently increasing. 'Man can only deal with this difficulty, created by his own departure from Nature—to which he can never return—by thoroughly investigating the laws of breeding and heredity, and proceeding to apply a control to human multiplication based upon certain and indisputable knowledge" (p. 23).

"National" Objections:

The political, or national, objection which is often expressed in the newspapers is crudely conveyed by the statement "that birth control leads to 'racial suicide.'" It should be noted in passing that the phrase "race suicide" was first coined by DR. ALSWORTH ROSS, the famous Professor of Sociology in America, was taken up by PRESIDENT THEODORE ROOSEVELT, and has since become a regular journalistic war-cry. Recently, however, PROFESSOR ROSS has repudiated the current interpretation of the idea, as the conditions are changed, and he now considers the *unregulated* birth rate the greatest menace * of civilization.

*E. ALSWORTH ROSS (1912): "Changing America, Studies in Contemporary Society." Pp. 236. London, 1912. See also the *Birth Control News*, No. 1, May, 1922.

The dwindling and then dying out of a race which is implied in the phrase "race suicide" does not depend, and, in my opinion, has never been caused by the use of contraceptives. Races are injured by other influences, for instance by the sterilizing and detrimental effects of syphilis and gonorrhœa, which are immensely more potent as race-destroyers than even the *worst* contraceptive measures used in the worst kind of way could ever be. And similarly abortifacients are immeasurably more detrimental to a race than the worst contraceptives. Nevertheless, arguments against contraception have been based on the assumption that the intelligent control of conception would lead to a smaller production of citizens and the ultimate reduction to extinction point of the race who made use of these scientific measures. Much has recently been made of the sad predicament of France, but it is not generally stated that since 1920 (see p. 361) *contraception* has been made criminal in France, and what she is suffering from today are *abortions*, and the sterility induced by venereal diseases and various abnormalities. From a national point of view statistics are of some value as an indication of what is taking place; but of less value than is

commonly supposed. Before relying on statistics we need to know in much greater detail the procedure of the private individuals from whom the statistics are compiled. Crude statistical evidence alone will not satisfy a mind trained to deep scientific inquiry.

In connection with "race suicide" in particular, statistics dealing solely with the birth-rate are of little or no value as evidence although they are often quoted, and there is generally a newspaper outcry of pleasure when our birth-rate is high and tearful wails when our birth-rate is low. A few moments' thought however will make it apparent that the birth-rate itself is no indication whatever of racial prosperity or success. A high birth-rate, even the highest possible, which is coupled with a high death-rate will not increase population, and as has long been apparent in China for instance (where a very high birth-rate prevails) a population with a high birth-rate may be nearly or absolutely stationary owing to the incidence of early deaths.

An interesting paper by RUBIN * brings

* MARCUS RUBIN (1900): "Population and Birth-Rate, illustrated from Historical Statistics." *Journ. Roy. Stat. Soc.*, vol. lxiii, pp. 596-625. London, 1900.

this point into prominence, and he concludes that however great in olden times was the birth-rate, the death-rate kept the peoples from multiplying, but that in recent times the races multiply enormously by reducing the death-rate, and between 1800 and 1900 the population of our quarter of the globe has increased from about 187 millions to about 400 millions.

The birth-rate and the death-rate of infants and young persons must be considered together, for it is evident that even with a low birth-rate if there is a very low death-rate of infants and the immature, the survival rate of adult persons may be so satisfactorily high that the numbers will increase rapidly. As a matter of fact evidence from a number of different countries seems to show that where the birth-rate is very high, early mortality is also *generally* high, and, therefore, the survival rate is low. Arguments on these lines have been specially developed by the Malthusian League, and details of their position will be found in DRYSDALE's book * and the old journal, the "Malthusian." Although one cannot accept without ques-

* C. V. DRYSDALE, D.SC. (1913): "The Small Family System, is it injurious or immoral?" Pp. 119. London, 1913.

tion either all their statistics or their deductions, several of their main arguments are substantially correct. Many others, of course, have dealt with various aspects of this subject, and by a study of the ordinary published statistics it is easy to ascertain that the *survival* rate is distinct from the birth- and death-rates, and nationally is the most important factor.

In spite of the "decline in our birth-rate" our total number of births is steadily increasing as the size of the population grows. Speaking before the Eugenics Education Society a year or two ago I gave a very simple illustration to show that the birth of each child sends *up* the birth-rate for one year and sends it *down* for approximately twenty years! This point is generally overlooked, but should be borne in mind, so I will repeat the illustration :—

A healthy young couple are cast away on a comfortable uninhabited island yielding food and shelter in plenty. Total population 2. A child is born to them : birth-rate 50 per cent. Total population 3. A second child is born, but this time the birth-rate is not 50 per cent. of the total population, but only $33\frac{1}{3}$ per cent. Total population 4. Another child

is born, and this time the birth-rate is 25 per cent. and so on for the twenty years or so while the original couple are fertile and before the new generation gets paired off and starts reproducing. Here you see *the steady decline of the birth-rate* AS A RESULT of the steady increase of the population.

If, contrariwise, every one of these infants had died at or within a year of birth the birth-rate would have remained high, at 50 per cent. of the total population but the total population, of the island would have remained stationary. Birth-rates, therefore, must always not only be "corrected" but also presented in correlation with death-rates and survival rates of young people up to at least 20 years of age. Moreover, as the death-rate of old people is postponed, and the old live longer, so also is the apparent birth-rate in proportion to the total population sent down. Consideration of vital statistics and their interpretation is not an integral part of the main theme of this book, so these few illustrative examples should suffice to show the fallacy of the "race suicide" argument which bases its outcry on a low birth-rate alone. Among the many writers who have dealt with the birth-rate aspect

of the subject, reference should be made to the useful survey by MILLARD* and an invaluable analysis of the Australian census by KNIBBS.†

A further national consideration involved in the use of contraception hinges on the *quality* of the offspring produced. It is maintained by those who are in favour of contraception that by its sound and proper use detrimental births (that is births which will either injure the mother or lead to unsatisfactory offspring) can be avoided in the cheapest and most wholesome way. This is a two-fold national advantage, both preventing the wastage of the mother's vitality and the outlay involved in the production of delicate, diseased or unwholesome infants which are unlikely to live, and are therefore a great source of expense and waste. For *lack* of such control we are in real danger of a race suicide not yet properly realized. Because the decline in the birth-rate appears to be much greater in "those sections of every class in which

* C. KILLICK MILLARD, M.D.: "Population and Birth Control." Presidential Address, to Leicester Lit. and Phil. Soc. Pp. 48. Leicester, 1917.

† G. H. KNIBBS: "Appendix A, vol. i, to the Census of the Commonwealth of Australia" (applied to the data of Australian Census, 1911). Pp. xvi, 466. Melbourne, 1917 or 1918 (no date on title page).

there is most prudence, foresight and self-control* than among the population at large." A vivid illustration of the racial danger of wrong and uncontrolled breeding is given by a dignitary of the Church of England who quoted PROFESSOR KARL PEARSON in his argument favouring contraception.† "A blind woman had two daughters blind at 40. Of her five grandchildren only one escaped; the other four were blind by 30. Of her fifteen great-grandchildren thirteen had cataract. Of the forty-six great-great-grandchildren who can be traced, twenty were of feeble sight at 7, and some lost the sight of both eyes. Forty defective individuals in a stock still multiplying, which nature, left to herself, would have cut off at its very inception!"

Leaving aside *tainted* stock, the value of the SPACING of births as a purely hygienic measure is of great national importance. Statistics have been prepared from carefully selected families showing the mortality of young children according to their place in the family and the spacing measured in

* SIDNEY WEBB (1905): "The Decline in the Birth-Rate." Fabian Tract, No. 131. Second reprint. Pp. 19. London, 1913.

† W. R. INGE, D.D. (1922): "Outspoken Essays (Second Series)." Pp. vi, 275. London, 1922.

length of time between fraternal births, to which reference has already been made (see p. 45). Expressed in a few words the main result of these inquiries was to show that where less than two years intervened between successive births from the same mother, the chances of life of the infant were almost halved in comparison with those spaced at two-year intervals or more. Consequently the argument is obvious that spacing by control so that the natural hasty succession of births is avoided is a measure of national benefit, as producing more economically than in any other way a larger proportion of healthy potential citizens. This is also well shown in a general way by the middle classes who on the whole have *spaced* children, and who lose far fewer in infancy than do the classes ignorant of means of control.

That the knowledge of contraceptives is used in this way to produce families in the interests of the State is interestingly demonstrated by the results of the questionnaire sent out by the Bureau of Social Hygiene in America*, which showed that the average number of pregnancies was

* DR. K. B. DAVIS (1922): "A Study of the Sex Life of the Normal Married Woman." *Journ. Social Hygiene*, vol. viii, No. 2, pp. 173-189. New York, 1922.

higher among those intellectuals who used contraceptive measures than it was among those who did not !

An excellent and readable essay on the national aspects of this subject has recently appeared from the pen of COL. G. T. K. MAURICE ;* and to this reference should be made for a balanced discussion of the greater national problems which are outside the scope of my present work.

As I pointed out in 1921 in Chapter XIX of "Radiant Motherhood," the loss to the community measured in potential work undone owing to ill-health of the mother or child, coupled with the wasted work done by doctors and nurses in attending to illnesses which ought never to have taken place, is a very great national loss quite apart from the expense and wasted work involved in the making of a large number of infants' coffins.

Such wasteful births, taking place as they do mostly in the families of the poor, tend not only to increase their misery and general C3 condition, but also to add to their bickerings and dissatisfaction with present conditions. Such births also augment the charges on the rates and taxes

* COL. G. T. K. MAURICE, C.M.G. (1922): "Birth Control and Population." Pp. 56. Sci. Press. London, 1922.

because some form of relief and maintenance for unemployables and defectives is almost always given. It is undoubtedly in the national interest that such wasteful births should no longer be allowed to originate haphazard. "Race Suicide" to-day consists in permitting unchecked the growth of a parasitic degenerate population to suck the life-blood from the healthy and responsible sections of the community.

Another argument often brought forward in a general way is the statement that birth control must be bad for the race because the first-born are inferior." This is one of the stock phrases of the opponents of controlled conception, and when tracked to its lair is disposed of by COBB who pointed out clearly that HANSEN's original statement "The inferior quality of the first-born children," *Eugenics Review*, 1913) was based on serious errors of data and inaccuracies in the methods of corrections of the statistics employed which were consequently inaccurate and misleading.* Nevertheless, it takes much to kill an "argument" which lends support to fixed prejudices, and the statement still has a currency it does not deserve. The fact that PROF. KARL

* See J. A. COBB (1914). *Eugenics Review*, vol v No. 4, pp. 357-9. London, 1914.

PEARSON, the well-known statistician also published "proofs" of the "inferiority" of the first- and second-born, gives a weight and authority to this mistake, which is most unfortunate, and few in England seem to know the refutation of his views, and exposure of his fallacies in this connection, made by PROF. MACAULAY, the Ex-President of the Actuarial Society of America.* Also in this country GREENWOOD and YULE† demonstrated some of the objections to accepting PROF. PEARSON'S conclusions. The subject frequently comes up for partial discussion, as in the Correspondence columns of the *Lancet* and elsewhere, and references to the theme are too numerous to be considered here.

Some very interesting data were collected by ANSELL long ago‡, who showed that the

* T. B. MACAULAY. "The Supposed Inferiority of First and Second Born Members of Families—Statistical Fallacies." The Herald Press, Montreal.

† M. GREENWOOD and G. UDNEY YULE (1914): "On the Determination of Size of Family and of the Distribution of Characters in Order of Birth from Samples taken through Members of the Sibships," *Journ. R. Statist Soc.*, vol. lxxvii, pp. 179-199. London, 1914.

‡ CHARLES ANSELL (1874): "On the Rate of Mortality at Early periods of Life, the age at marriage, the number of children to a marriage, the length of a generation, and other statistics of families in the Upper and Professional Classes." Pp. ii, 89. London, 1874.

number of still-births, and also the mortality in the first week of life, were greater in the first-born ; then, however, for a number of years, of those who survived, the vitality of the first-born was *greater* than of the other children.

In considering the "inferiority" or "superiority" of an individual however, it is crude to forget their potential parenthood ; and a careful study of Ewart's* very interesting paper will reveal not only the complexities of the necessary considerations, but also that "some credence can be given to the belief that those born during the declining years of life" . . . have a "low survival value of their offspring."

A fallacy which has wide currency in certain "reform" circles (particularly in working men's clubs where social reform is treated from the point of view of a material improvement in the position of the proletariat), is indicated in the cliché "all infants are *born* healthy." This is often used in argument against birth control, and generally has tacked on to it some such corollary as, that "therefore all would grow up

* R. J. EWART (1917) : "The Influence of Age of the grandparent at the birth of the parent on the number of children born and their sex." *Journ. Hygiene*, vol. xv (years 1915-1917). See pp. 127-162.

healthy if they were given good environmental condition, better housing," &c., and "the State needs every child born." This series of fallacies is best demolished at its foundation by demonstrating the utter falsity of the idea that "all infants are born healthy." Very much evidence can be adduced, but I will quote one record only. The live births at the Baudelocque Clinic (where cleanliness and "housing conditions" at any rate may be accepted as satisfactory) in 1920 numbered 3,021. Of these 103 died in the first ten days, the causes of death being "especially congenital debility due to premature birth and hereditary disease."* The obvious prophylaxis for such cases is to prevent *conception* in all women as are likely to yield births of unsatisfactory type. Furthermore, one has only to mention syphilis to be reminded of the myriads of infants who were born already rotted by disease which "environment" could *never* make normal.

Æsthetic Objections are often raised by those who have not themselves experienced the agony of rapidly repeated and uncontrolled pregnancy. By such people 'All contraceptives are so sordid and unæsthetic

* "The World's Health," *Red Cross Soc. Rev.*, vol. iii, No. 2, February, 1922, pp. 68-69.

that they shock the sense of delicacy in the users ' is an oft repeated theme. This idea was discussed by FOREL, by myself and many others, and HAVELOCK ELLIS* well summed up the answer to this objection as follows :— (p. 73) " Eye-glasses are equally unæsthetic, yet they are devices, based on nature, wherewith to supplement the deficiencies of nature. However in themselves unæsthetic, for those who need them they make the æsthetic possible. Eye-glasses and contraceptives alike are a portal to the spiritual world for many who, without them, would find that world largely a closed book."

Legal Objections.

In this country there are none, as there are not and never have been laws against contraception in Great Britain. Such laws have existed in America since the seventies, and in France since 1920. Their scope is given in detail in Chapter XII, p. 336. Yet, in this country, one sometimes comes across the false statement that contraception is illegal. It is not.

Ethical and Religious Objections.

The practice of medicine is of course in no way involved in any particular

* HAVELOCK ELLIS, M.D. (1922): " Little Essays of Love and Virtue ": Pp. ix, 187. London, 1922.

religious attitude and is bound up with no particular religious creed. Nevertheless, as individuals, medical men and women are apt to a certain extent to be swayed by a religious attitude, and even if they are not, a considerable number of their patients most certainly will be. In connection with Birth Control the religious aspect consciously or unconsciously is of vastly more importance than it would be at present in connection with operative surgery* or with the treatment of a straightforward disease like influenza or mumps, for instance, or indeed in almost any other health problem.

In almost all matters appertaining to sex, religion has been involved since time immemorial, because in the olden days the priests, whatever the religion, were the lawgivers in sex hygiene. This, coupled with the mysterious nature of sex, and the intensity of religious emotion aroused by its perversion and thwarting, has maintained to this day a very strong religious atmosphere around the subject of contraception which is in other respects a purely medical and scientific theme. Therefore, it will not be out of place, indeed it is almost necessary, to touch upon some of the religious aspects of

* The religious fight over the use of chloroform being a thing of the past (see p. 239).

the subject in a work which is designed to be useful to the ordinary practitioner, for he will certainly meet a number of patients who will be guided by their religious feeling in this matter and obey their "consciences" rather than their medical adviser, unless he can overcome their prejudices.

FOREL says* "It seems almost incredible that in some countries (including England) medical men who are not ashamed to throw young men into the arms of prostitution, blush when mention is made of anticonceptional methods. This false modesty, created by custom and prejudice, waxes indignant at innocent things while it encourages the greatest infamies."

Owing to a variety of circumstances, some of which will become apparent in the historical chapters, the present generation in this country is apt to look upon contraception as a materialistic or atheistic solution of what they well know to be one of life's greatest difficulties, namely, the excessive child-bearing of many married women. The circumstances which have led up to this public attitude in our country are dealt with later on; they do not in any sense necessarily reflect a universal or international

* AUGUST FOREL, M.D., LL.D. (1908): "The Sexual Question" English translation, see p. 427.

attitude towards the subject, but arise from the limited knowledge of their own history among English speaking peoples. For the purpose of the present chapter one may take it that in spite of my recent efforts in this direction* there still remains a very strong misapprehension that scientific and medically advisable methods of birth control are in some ways displeasing to whichever Deity the individual believes in, and are counter to the teachings of Christianity. In fact there are some who go so far as to say that contraception is "against God's Law."

Yet there are Churchmen who see clearly the mistakenness of such an attitude and the Dean of St. Paul's, as Chairman of the first Birth-rate Commission of the National Council of Public Morals, said, "Within the last century the death-rate has been reduced from the mediæval level (45) to 14, and if the birth-rate were maintained at anything like its natural level, about 40, all over the world, the population of the globe, which now is 1,700 millions, would in 120 years have reached 27,000 millions,

* First Presidential Address to the C.B.C. in the *Cambridge Magazine*, January, 1922. Reprinted as "Early Days of Birth Control." Pp. 32. London, 1922. Also "Married Love," "Wise Parenthood" and "A New Gospel."

or about ten times as great a number as the earth could probably support. That, it seems to me, is the fundamental fact we have to recognize, and one which makes a drastic limitation of the birth-rate an absolute necessity."*

But the Dean is rather an exception among Churchmen, and the subject of contraception has been particularly misunderstood by the Churches as a whole, because they have held an *ascetic* ideal and therefore the mentality of those dominating the Churches has seldom been sufficiently normal even to apprehend the problems involved, or to place consideration of the *Race* before their individualistic and ascetic ideals.

A discussion of the causes and reactions of this abnormal mentality in high places would lead us too far, but reference should be made to my Evidence before the Birth Rate Commission† and I may quote a couple of paragraphs from a valuable little

* DEAN INGE in Evidence before the National Birth Rate Commission. "The Declining Birthrate, its Causes and Effects." Second edition. Pp. xiv, 450. London, 1917. See p. 293.

† M. C. STOPES (1920): Evidence before the Birth Rate Commission: "Problems of Population and Parenthood." Pp. clxvi, 423. London, 1920. See pp. 242-255.

paper published by the Medico-Legal Society of New York*: "In every community there are persons of privileged social and educational status, whose psycho-sexual attitudes and life have never attained real psychologic maturity. . . . Such persons all have painful moments of emotional conflict over their own sexual impulses, or over their methods of sexual self-expression . . . . such persons tend to find a compensation for the painful and shameful aspects of their lives by exalting their own unfortunate defects, or the mask which conceals them, to the rank of a social virtue, or of a religious 'duty' to God. To insure to themselves this much-needed exaltation, they cannot bear to have the intellectualization of their idealized perversions frankly pointed out, or bluntly repudiated. In order to neutralize their own feelings of inferiority and of shame, they must therefore denounce the more healthy-minded ones as immoral, and must seek to coerce them to live according to the morbid ideal. . . . The morbid vehemence of these few insures imitation, or at least acquiescence,

* THEODORE SCHROEDER (1922): "Psychologic Aspect of Birth Control, considered in relation to mental hygiene." *Medico-Legal Journ.* vol. xxxix, No. 1, pp. 16-21. New York, 1922.

on the part of many of the more healthy-minded ones, because the latter have not a sufficiently conscious attitude concerning the meaning and value of their own greater wholesomeness." "In the blurred and excited vision of such psycho-erotic morbidity, it was natural enough that no difference could be discovered between murder, abortion, and a physiologically and socially useful prevention of conception."

Have any Divine Laws been given in the past and incorporated by the Churches in their teaching which condemn scientific control of conception? Clearly none. As scientific consideration of the problems involved clears the issues, it points the way to the use of reason in this, as in all other important social problems.

The Bishop of Birmingham, as Chairman of the second Birth Rate Commission, made several pronouncements in favour of a reasoned restraint on the procreation of children, particularly by parents unable to give the necessary health or environment to their offspring. In his excellent Preface to the volume of essays on all sides of this subject* he said of a wedded couple that

* In "The Control of Parenthood," by J. A. THOMSON, L. HILL, W. R. INGE, H. COX, M. SCHARLIEB, RIDER HAGGARD, A. E. GARVIE, F. B. MEYER and M. C. STOPES,

"Not merely to bring children into the world, but to have fit children whom they can rightly train must be their determination."

The position of the Church of Rome, far from being "unchanging" and always right as it loudly maintains, has greatly altered from time to time on the subject. To-day it most loudly denounces all scientific methods which it calls "artificial" and CARDINAL BOURNE is reported to have definitely encouraged Roman Catholic medical practitioners to give circulation to "medical" arguments against contraception.* The Church however has already yielded the *principle* of the use of contraceptive means as is well demonstrated in the following brief account from HAVELOCK ELLIS†: "The question was definitely brought up for Papal judgment, in 1842, by BISHOP BOUVIER of Le Mans, who stated the matter very clearly, representing to the Pope (Gregory XVI) that the prevention of conception was becoming very common, and that to

with Introduction by the BISHOP OF BIRMINGHAM. Pp. 203. London, 1920.

* See several contemporary newspaper reports, for instance the Roman *Catholic Times* for August, 1922.

† HAVELOCK ELLIS (1921) (1910) "Sex in Relation to Society." Pp. xvi, 656. Philadelphia, 1921. See p. 590.

treat it as a deadly sin merely resulted in driving the penitent away from confession. After mature consideration, the Curia Sacra Poenitentiaria replied by pointing out, as regards the common method of withdrawal before emission, that since it was due to the wrong act of the man, the woman who has been forced by her husband to consent to it, has committed no sin. Further, the Bishop was reminded of the wise dictum of LIGUORI, 'the most learned and experienced man in these matters,' that the confessor is not usually called upon to make inquiry upon so delicate a matter as the *debitum conjugale*, and, if his opinion is not asked, he should be silent (BOUVIER, *Dissertatio in sextum Decalogi praeceptum ; supplementum ad Tractatum de Matrimonio*, 1849, pp. 179-182 ; quoted by HANS FERDY, *Sexual-Probleme*, Aug. 1908, p. 498). We see therefore, that among Catholic as well as among non-Catholic populations, the adoption of preventive methods of conception follows progress and civilization, and that the general practice of such methods by Roman Catholics (with the tacit consent of the Church) is merely a matter of time."

Already, by 1917 (or earlier) the Romish Church completely capitulated over the *principle* of birth control, and in his Evi-

dence before the Birth Rate Commission, MONSIGNOR BROWN said "Where all other deterrents fail, married couples may be allowed to limit intercourse to the intermenstrual period, sometimes called *tempus ageneseos*."* This *most* unnatural method has already been discussed (see p. 84 *ante*), and having yielded this I see no possible logical standpoint on which to maintain disapproval of the better and more wholesome methods.

The attitude of most Religions is so mystical, particularly in all their considerations of sex, that various sects have arrived at the most amazing conclusions : to say nothing of the fact that they often contradict each other, they frequently contradict the patent facts of life. An illuminating illustration of the extremes to which theological rule will go is seen in Hindu customs. In Webb's most interesting *Pathologia Indica*† : we read "I find it enjoined in the Hindu Shastras, that females should be

* See p. 393 in "The Declining Birth Rate, its Causes and Effects": Report of the Nat. Birth Rate Commission. 2nd ed. Pp. xiv, 450. London, 1917.

† ALLAN WEBB, M.D. (1848) "Pathologia Indica, or the Anatomy of Indian Diseases, based upon morbid specimens, from all parts of the Indian Empire in the Museum of the Calcutta Medical College": Ed. 2. Pp. xxxiv, lxi, 304, 340 bis. Calcutta 1848 (Imperfect copy ? Brit. Mus.).

given in marriage before their first menstrual discharge, and that should marriage not take place until after this event, the marriage is regarded in a sinful light." In short "*Atri* and *Kasyapa* (Hindu sages) state, that *if an unmarried girl discharges the menstrual fluid at her father's house, the father incurs a guilt similar to that of destroying a fœtus*, and the daughter becomes . . . . degraded in rank."

Now here is an absolutely logical position, indeed the *only* logical position opposed to scientific contraception. The Roman and Anglican Churches,* with their weak shilly-shallying round the subject, both take utterly illogical positions which are indefensible in the face of keen argument.

Nevertheless, although the Hindu sages pushed their attitude to its logical conclusion and organized society on that basis, such logic leads to some very contradictory results in practice, and infant murder became so common, particularly that of

* *Note:* Perhaps for those who have taken no interest in Comparative Theology it should be remarked that to speak of Indian religions in the same breath as our own is not, as it were, to compare them with the idolatry of remote savages, for as the *Encyclopædia Britannica* says, "The ancient religions of Europe and India had a similar origin. They were to some extent made up of the sacred stories or myths which our common ancestors had learned while dwelling together in Central Asia."

female infants, that there were not enough girls left alive for men each to marry a wife of his own! WEBB says in 1848: "It is now getting common (under pressure of our Government) for a respectable man to have a wife of his own instead of sharing her with half a dozen brothers, or a dozen fellow villagers." This position having arisen from the parental preference to destroy the entire female child rather than risk the guilt of destroying the ovum in her first menstruation in case they failed to marry her off!

Theological controversies on this and cognate themes are now raging both within the Church of Rome and the Church of England, but this is not the place to consider them in detail; both Churches have yielded the *principle* of control, and only jib at the use of the best methods, and are still actively obstructive to the entrance of scientific method and reasoning into the vital concern of the procreation of the Race.

Yet surely, as SALEEBY* said, "The imposition of motherhood upon a married woman in absolute despite of her health and of the interests of the children is none

* SALEEBY, C W. 1912: "Woman and Womanhood, a search for principles." See p. 279.

the less an iniquity because it has at present the approval of Church and State."

To meet the ever intenser feeling of the public that the ordinances of the Churches are against God's law when they denounce all scientific (or as they call it "artificial") birth control, most sects having compromised as regards the principle of voluntary procreation, now permit some method or other to effect clumsily, harmfully or insecurely that control of conception which can be easily, harmlessly and reliably secured by the use of the best methods. And having yielded on the principle the Churches betray mere childish perversity in preferring bad methods to good ones. The claims made by the Churches that the methods they recommend (such as "abstention" and "the safe period") are "lawful" and "natural," are in actual fact false claims and are due to an ignorance of physiological fact: these very methods break profound physiological laws and are much more unnatural than the use of a simple rubber cap which permits fully completed natural coitus at the times of natural excitation.

In this connection it is illuminating to recall the attitude of departed clerics and some doctors towards earlier reforms: In

our own country inoculation against small-pox was denounced as being "indefensible on religious as well as medical grounds" . . . "a diabolical operation" . . . "a discovery sent into the world by the powers of evil." Then clergy preached against vaccination and described it as a "daring and profane violation of our holy religion." DR. ROWLEY preached against it, saying—"The law of God prohibits the practice: the law of man and the law of nature loudly exclaim against it." Yet where, to-day, is the cleric who would dare to preach thus to an educated congregation? Later the great SIR JAMES SIMPSON had a tremendous fight on behalf of the use of chloroform to relieve the pains of child-birth, which was denounced as irreligious because it is "unnatural." SIR JAMES SIMPSON, in his vivid way, pointed out that those who objected to chloroform which *really* alleviated the parturient woman's pains, permitted warm baths, compresses and manual manipulations *partly* to do the same. He added* "By these means they succeeded partially, in times past, in mitigating the

* SIR JAMES Y. SIMPSON, Bart., M.D. (1871) "Anæsthesia, Hospitalism, Hermaphroditism, and a proposal to stamp out small-pox and other contagious diseases." Pp. x, 560. Edinburgh. 1871.

sufferings and effects of parturition, and thought they committed no sin. But a means is discovered by which the sufferings of the mother may be relieved far more effectually and then they immediately denounce this higher amount of relief as a high sin. Gaining your end, according to their religious views, imperfectly was no sin—gaining your end more fully and perfectly, is, they argue, an undiluted and unmitigated piece of iniquity."

The extraordinary parallel between the language and kind of argument used by those who objected to vaccination and chloroform with that used by those who to-day oppose contraception on "religious" grounds is so remarkable that there is little doubt that in another twenty years or less those same "arguments" will be used and those same objurgations hurled at some other advance of scientific alleviation of human suffering, and that no priest or cleric will dare to inveigh against birth control then, just as to-day none dares to repeat the sermons of his predecessors against chloroform.

A final answer to all such "religious" "arguments" was given by SIR JAMES SIMPSON himself in words which I cannot better, and so will quote :—

"I am sure you deeply regret and grieve with me that the interests of genuine religion should ever and anon be endangered and damaged by weak but well-meaning men believing and urging that this or that new improvement in medical knowledge, or in general science, is against the words or spirit of Scripture. We may always rest fully and perfectly assured that whatever is true in point of fact, or humane and merciful in point of practice, will find no condemnation in the Word of God."

CHAPTER IX

Early History of Family Limitation.

No evidence still extant indicates to us when the very primitive, nay even the prehistoric woman became sufficiently conscious of her own person and powers to desire, or to achieve, any measure of control of conception. That definite contraceptive means (however imperfect and unreliable) were employed in the prehistoric past is probable: for to-day a number of extremely primitive races possess their own type of crude knowledge on this subject, and so make it evident that earlier races of the same grade probably did also.

In primitive communities, however, the personal needs of the woman and the health-giving effects of true contraception are less likely to have been realized than the simple desire to reduce the number of unnecessary babies. Hence abortion and infanticide are the early and more barbarous equivalents of contraception, but contraception as distinct from either of these existed long centuries

ago, and persisted among tribes still at the developmental stage of primitive savages.

That abortion was not only known but recognized and definitely practised by many primitive races is well authenticated. An interesting account of early Greece and her changes in population is to be found in CLINTON's great work.* In this he examined and controverted Malthus' work, and, with many details, showed that the changes in the populations in ancient Greece supported the view that the actual population depends more upon the moral condition of the people than on wars, &c., and that wars may even tend to a total increase of numbers. MYERS† had also an article on the subject and notes that HESIOD recommended that the cultivator of the soil should not bring up more than one son at home. The Greek midwives were expected to have a competent knowledge of abortion as part of their equipment.

The primitive and barbarous form of dealing with the population question was,

* H. F. CLINTON (1827): "Fasti Hellenici, The Civil and Literary Chronology of Greece," edit. 2. Pp. lx, 467, see pp. 381-433. Oxford, 1827.

† J. L. MYERS (1915): "The Causes of Rise and Fall in the Population of the Ancient World." *Eugenics Review*, vol. vii, No. 1, April, pp. 15-45. London, 1915.

obviously, the destruction of the procreated embryo or the infant after birth. A race still in this stage of development is seen in the inhabitants of Futuna, where according to SMITH* "It was not even felt as a shame for a mother to kill her children. Some there are who have destroyed as many as six. Ordinarily the child was crushed before birth by pressing the body with heavy stones, at other times they were stifled at birth, or were buried alive in the sand."

Many of the advocates of birth control nowadays are little equipped with historically accurate knowledge, hence it has become the custom to speak as though contraception were a very modern invention and but recently spread over the world. The source of this misconception will be dealt with in a later chapter. Meanwhile, as there appears to exist no memoir on the early history of the limitation of populations I have collected a few references to the subject, which, like fragmentary glimpses of crags and hill tops show that a landscape lies behind the fog-cloud of the valley of time.

We may legitimately argue that if

* S. PERCY SMITH (1892): "Futuna, or Horne Island and its People. Western Pacific." *Journ. Polynesian Soc.*, vol. i, pp. 37-52. Wellington, N.Z., 1892.

exceedingly primitive still-living savage races have native customs of a given type, it is at least highly *probable* that our prehistoric ancestors when at a similar savage grade of culture had similar or comparable customs. This makes the details of various operations used by savage races of greater than purely local interest. A brief account of some of these will be found in BARTELS, Chapter CXXV.*

A number of authors also speak of an inland race of primitive Australians who employed the "Mika" operation, which consists of the slitting, with a stone knife, of the urethra by the lower side of the penis. This operation is paralleled by a much more elaborate sterilization of girls by the tearing off of the cervix and the slitting of the vagina down to the anus. A full account of this horrible operation is given by DR. GARSON.† The interest of the procedure of the natives lies in the fact that the Mika operations were done not only deliberately to prevent conception, but were done on eugenic grounds, for the operations on the

* MAX BARTELS (1893): "Die Medicin der Naturvölker." Pp. 361. Leipzig, 1893.

† J. G. GARSON, M.D. (1894): "Notes on the Deformations of the Genital Organs, practised by the Natives of Australia." *Med. Press and Circular*, pp. 189-190. London, 1894.

males were done only on those who, by the age of 18 or thereabouts, proved themselves to be indolent and the least useful members of the tribe. According to DR. GARSON the Mika operations on the male take three forms :—

(1) A small incision in the urethra in front of the scrotum, so that the semen ejaculates externally.

(2) Division of the urethra in front of the scrotum and again just below the glans penis, then by cutting longitudinally along each side of the urethra, it is dissected out.

(3) A piece of wood is placed along the dorsum of the penis, drawing the skin tight. A flint knife is then inserted into the orifice and the urethra laid open to the scrotum.

The savages thus preventing the possibility of conception by the racially inferior members of their tribes, being themselves in the stone tool phase, have presumably the mental development of the Stone Age and it seems quite legitimate to argue that there is at least the probability therefore that our ancestors of the Stone Age also practised sterilizations and methods for the control of conception from a racial or eugenic point of view.

Among the primitive peoples of Africa, many races are acquainted with definite

means of preventing conception, and, as CARR-SAUNDERS* says of various tribes, "almost without exception the average number of children is everywhere recorded as small." CARR-SAUNDERS does not specify the methods employed, but cites a number of references to original accounts by explorers and others. Similar evidence of some contraceptive knowledge exists for widely scattered primitive races all over the world. As CARR-SAUNDERS has so recently brought together most of the scattered references to savage races, and their various contraceptive measures, there is no need for me to go into the subject in detail. It is sufficient to remind the reader of my present book that primitive and savage peoples are generally much less ignorant about these matters than are the modern slum-dwelling "civilized" women of our cities to-day.

Some "Savages," for instance, are so expert in control, that as among the Kingsmill Islanders women are reported to have generally only two children and "never more than three."

That WESTERMARCK in his famous and

*A. M. CARR-SAUNDERS (1922): "The Population Problem. A Study in Human Evolution." Pp. 516. Oxford, 1922. See in particular pp. 177-178, pp. 186-188, pp. 255-256.

exhaustive book on marriage* does not refer at all to contraception, and that there is no entry of the subject in his index, and only one brief note on abortion, appears to me to be so remarkable as to be totally inexplicable!

Turning from savages to historical documents and publications, one of the earliest sources of really explicit and profound sex instruction is the *Kama Sutra*. Based on Sanskrit texts of the *sixth* century, the ancient Sanskrit books of instruction in love, in spite of all crudities (some of which appear in our eyes absurdities), are nevertheless interspersed with profound and still most useful wisdom. The *Ananga-Ranga*† is the most complete I have seen. The need for contraception was recognized by these early authors, and there is evidence that the women of the East long ago were themselves aware of the value and wished to benefit from the use of contraceptives. The methods of course are not scientific to the extent of those available to-day, but like much early information, they are based on

* EDWARD WESTERMARCK (1921): "The History of Human Marriage," in three vols. Fifth edition. Vol. i, Pp. xxiii, 571; vol. ii, Pp. xi, 595; vol. iii, Pp. viii, 587. London, 1921.

† "Ananga-Ranga, Stage of the Bodiless One, or the Hindu Art of Love." (Translated and printed for private circulation only.)

a perception of the requirements of the case. Some of the advice given is as follows :—

"It may be held desirable to limit the members of the family, in which case the following prescriptions will be found useful :—

"(1) The woman who will eat every day for a fortnight forty mashas of molasses (Jugri) which is three years old, will remain barren for the rest of her life."

"(2) Let a woman drink for three days after the fourth (purification day) a decoction of Chitraka (Ceylon lead-wort *Plumbago zeylonica*) boiled with rice water."

"(3) The woman who will drink for three days after the fourth a decoction of the Kallambha-plant (*Nauclea cadamba* or *parvi-folia*) and the feet of jungle-flies, will never have children."

"(4) Levigate twenty mashas of marking nut (*Semecarpus anacardium*), boil with Dhunor water in which rice has been washed, and drink for seven days, during which the monthly ailments last; the result will be lifelong barrenness."

One is surprised, not that these prescriptions may have failed but that the ancient orient should have considered this subject from so modern a point of view: the ancient art of Love in the East did not

treat the woman as a subservient and negligible factor but paid great regard to her requirements, as is also seen by the elaborate advice given to the man about his duty to arouse her properly and give her full satisfaction.

The Hindu theologians, however, pushed their logical premises to such an extreme that it was considered a crime for a girl to menstruate before she was married (see p. 235 *ante*) and the child marriages and general social conditions became extremely unfavourable to infant life, particularly that of female infants. Abortion became rife, and we read in WEBB* "Perhaps no country on earth has immolated so many new-born infants as India, nor has any race of mankind more generally practised the abominable art of murdering children when yet in the womb of the mother."

Abortion was procured by inserting a stick into the womb, also by internal concoctions of various sorts such as asafœtida, ginger, garlic, long pepper, and various native plants. For instance, the "expressed

* ALLAN WEBB (1848): "Pathologia Indica, or the Anatomy of Indian Diseases, based upon morbid specimens, from all parts of the Indian Empire in the Museum of the Calcutta Medical College." Ed. 2. Pp. xxxiv, lxi, 304, 340, bis (imperfect copy B.M. ?), Calcutta, 1848.

juice of the Boori GooaPan, 3ss repeated every 3rd Hour."

WEBB, in the same work records cases of native Indian women who took various native prescriptions to prevent conception, which succeeded, but about which WEBB remarks that, "if they do not act as charms, it is difficult to say how they do act." One of these prescriptions, for instance, is to swallow red broad cloth (Sooltani Bonat), and it is claimed to effect the desired object.

In more recent times WILKINS* confirms the fact of the continued prevalence of abortion, and estimates that there were "a thousand a month in Calcutta alone."

Other oriental countries also were (and are) notorious for the number of abortions performed and DP. COLLINEAU† records that in China public announcements, with the addresses of abortionists and those supplying pills to procure abortion, were quite freely published. He noted also that since the establishment of steamship communication with prostitute houses, female infanticide has been reduced because "Les filles sont un revenu ; on les conserve."

* W. J. WILKINS (1887): "Modern Hinduism." Pp. xi. 494. London, 1887.

† DR. COLLINEAU (1899): "L'Infanticide et L'avortement en Chine," *Rev. Mens. d'École d'Anthrop.*, vol. ix., pp. 350-353. Paris, 1899.

I find no explicit information concerning contraception in Mohammedan countries. The Koran, however, does *not* condemn abortion although it explicitly forbids infanticide. And RIQUE* reports that the Arabs punctured the amniotic membranes when abortion was desired. This custom probably was an ancient one with them.

HAVELOCK ELLIS† points out that "Even in the Islamic world of the Arabian Nights we find that high praise is accorded to the 'virtue and courage' of the woman who, having been ravished in her sleep, exposed, and abandoned on the highway, the infant that was the fruit of this involuntary union, 'not wishing,' she said, 'to take the responsibility before Allah of a child that had been born without my consent.' The approval with which this story is narrated clearly shows that to the public of Islam it seemed entirely just and humane that a woman should not have a child, except by her own deliberate will." (Mardrus, "Les Milles Nuits," vol. xvi, p. 158.")

* C. RIQUE (1863): "Études sur la Médecine légale chez les Arabes," *Gaz. Méd. de Paris*, vol. xviii, pp. 156-162. Paris, 1863.

† HAVELOCK ELLIS (1921) (1910): "Sex in Relation to Society." Pp. xvi, 656. Philadelphia, 1921. (See p. 586.)

The early history of the subject in Europe is even more obscure. What happened in early Christian times I do not know. By the time of the Decameron, however, we are given some indication that contraception was available and utilized by some members of the population, although probably not by those who would have been most justified in its use.

A book of exceptional interest and profundity is "Les Maîtres d'Amour," an Arabic manual of the sixteenth century which I only know through the French translation, and which is well deserving of study even by modern sexologists. It contains profound observations of physiological and psychological matters which I regret I have only recently read, as I should have benefited by their perusal before writing "Married Love" as this work supplements and confirms several views which there I maintained rather tentatively. This book, in the sixteenth century, gives advice in connection with contraception and is, so far as I am aware, the first widely published and available information on what may be described as modern chemical means of contraception, including the use of alum, which is of course, still one of the most

often recommended substances for vaginal douching.

So early as 1623 a very great book, of three large volumes, was published in Latin, which dealt in detail with varieties of impotence and sterility in and out of marriage.*

I have not yet succeeded in discovering an English book or pamphlet in the sixteen hundreds, though I feel sure that such existed. If it did not, there must have been a considerable knowledge in circulation, probably derived from the frequent traffic to and from the continent, because in 1695 a whole book was written to *condemn* those who had small families.† The author then addressed his dedication to a friend who had "a fair number of children, fourteen" . . . and praising him condemns those who "will desire Issue for the Continuing of their Names; but they will prescribe their Number." He quotes the arguments used by the persons who desire small families, and these arguments ring with the very note of to-day! And he is scornful of those who "nowadays are

* THOMAS SANCHEZ (1623): "Disputationum de sancto Matrimonii Sacramento." 3 vols. Pp. 1028.

† "POPULAIDIAS (1695) or a Discourse Concerning the Having Many Children In which the Prejudices against having a Numerous Offspring are Removed, and the Objections Answered" Pp. 124. London, 1695.

much *wiser* or much *worse* than in earlier Generations they were ; who are *afraid* of what *they* so much *wished* for ; who look upon the *Fruitfulness* of wives to be less eligible than their *Barrenness ;* and had rather their Families should be *none* than large."

The following year VENETTE used a curious theological argument against the *possibility* of contraception when discussing " Si les charmes peuvent rendre un Homme impuissant et une Femme sterile."* He said " L'enfant qui se forme dans les flancs de sa mere ne s'y forme que par un exprès commandement de Dieu. Le Démon n'a nul pouvoir d'empêcher la génération . . . & plustot, si le Prince des puissances de l'air, pour me Servir de l'expression de Saint Paul, exerce son pouvoir sur les incrédules, et sur les rebelles, ce n'est point par fort, mais par l'impie credulité d'une femme . . ."

A contraceptive measure, still greatly in vogue, came into use about this time, and sheaths, made of fine linen, appear to have been used in Italy so early as the middle of the sixteenth century, see ELLIS,† and these

* NICHOLAS VENETTE (1696) : " De la Génération de l'Homme ou Tableau de l'Amour Conjugal." Ed. 7. Pp. 672. Cologne, 1696.

† HAVELOCK ELLIS (1921) (1910) : " Sex in Relation to Society." Pp. xvi, 656. Philadelphia, 1921. See p. 599.

were steadily improved and made of other materials including isinglass and the cæcum of the lamb. Sheaths appear to have been invented to reduce the chance of disease, see FALLOPPIO "De præseruatione à carie Gallica."*

And the year following ALBERTUS MAGNUS in his great work† included mention of contraceptive measures, as he did also in his *De Mirabile Mundi* a few years later.

Following on these earlier works are a number of tracts and books re-hashing the information given in the Sanscrit and Arabic sources and more or less widely spreading the ideas contained therein. How widely such information was available just before the Puritan ascendancy in England, I have not been able to discover. The fact that at present the Church of Rome condemns contraception and is so opposed to the spread of sex knowledge, is of course, no indication that in the sixteenth century or earlier times it took this line. Indeed it looks as though it were otherwise : for instance the Public Records of Geneva for

* GABRIEL FALLOPPIO (1564): "De Morbo Galllico: Liber Absolutissimus." 1st Ed. Pp. 65. Patavia, 1564.

† ALBERTUS MAGNUS (1565): "De Secretis Mulierum Item De Virtutibus Herbarum Lapidum et Animalium." Pp. 329. Amsterdam, 1565.

the year 1527 contain some interesting entries showing the hypocrisy of the pretended sanctity of the Priests—July 12, 1527, "Many citizens complain of the priests of St. Magdalen's who keep a bawdyhouse where there are many bawds. Ordered, that the bawds shall be banished, the lewd women compelled to live in the place assigned to them, and that the said priests shall be severely censured."*

The English brothels also were in charge of the Clergy at one time. Interesting accounts of this are to be found in KITCHENER,* and the "Encyclopædia Britannica," article "Prostitution."

THEILHABER mentions† that Arabian doctors knew the protective pessary, and special suppositories impregnated with various chemicals, but unfortunately he does not give any exact reference to the source of his information. I have seen it often stated in reference books and elsewhere that the ancient medical practitioners of Greece, Rome and Arabia derived much of their knowledge from Hindu sources, and were acquainted with the contraceptive

* See many other items of interest in H. T. KITCHENER, 1812. "Letters on Marriage." 2 vols. London, 1812.

† FELIX A. THEILHABER (1913) "Das Sterile Berlin." Pp. 165. Berlin, 1913.

effect of grease placed in the vagina. They were also expert in abortion (see also p. 243) and this perhaps inhibited any desire for contraception.

A medical correspondent tells me that Chinese women still trust the very primitive method of drinking cold water directly after coitus, and it is reasonable to suppose that, before the blight of modern "civilized" ignorance spread, this knowledge would be widely distributed.

At present there is a tendency (see p. 48) to use the word "onanism" (see also p. 69) to denote all kinds of contraceptive measures, but in earlier days it was used to denote *masturbation*. This act was used as a birth control measure in marriage, and concerning it there exists a curious literature in the seventeen hundreds, of which only one or two textbooks will be mentioned. In 1723 the following interesting paragraph appeared: Speaking of masturbation—"This practice in a Marry'd State (as some of Those whose Letters he produces, who refrained from their Wives, for fear of multiplying Children, and yet practised Masturbation) with a Child-bearing Woman, is labouring indeed at the Destruction of our Kind, and striking at the Creation it self: It is, in some measure, the same

Wickedness, as tho' he should tear the *Fœtus* out of its Mother's Womb, and kill it: For altho' it be not the destroying of a Real Being, yet it is preventing of a Possible and Probable Being, and that produced in a lawful and commendable Way; its the basest and most presumptuous Wickedness, scarce to be named among the Gentiles."*

Another interesting volume on the same theme by HUME† contains observations which really include many of the essential ideas of the hormone theory of the sex organs, although they are of course expressed in a simple way and in unscientific language.

It appears to me that the very terrifying warnings against "onanism" translated from the Latin into French by TISSOT‡ may still be traced as influences colouring the popular ideas on the "sinfulness" of birth

* PHILO-CASTITATIS (1723): "Onania Examined, and Detected, or, the Ignorance, Error, Impertinence, and Contradiction of a Book called Onania, Discovered and Exposed, &c." Pp. x, 120 + ? (B. M. Copy not complete.) London, 1723.

† A. HUME (1746) "Onanism: or a Treatise upon the Disorders produced by Masturbation: or, the Dangerous Effects of Secret and Excessive Venery." Pp. xii, 184. London, 1746.

‡ DR. TISSOT (1760) "L'Onanisme, ou Dissertation physique, sur les maladies produits par la Masturbation." Pp. xii, 231. Lausanne, 1760.

control owing to the confusion created by the differing uses of the word "Onanism."

This brings us to within a few years of the time of MALTHUS. Now the present generation has so often had dinned in its ears the claims of MALTHUS (and the totally distinct but generally associated claims of the Neo-Malthusians) that the fact of these early contraceptive practices is generally forgotten. More than that: MALTHUS' first edition was published in 1798 (and incidentally I should mention that this first edition is a very different thing indeed from his second edition) while almost anybody who talks about MALTHUS to-day reads the second or a later edition. In his first edition he re-stated the widespread idea that the world would long ago have been completely populated if it had not been for the population-reducing factors,—disease, epidemics, wars and misery. In his first edition, he offered no solution of this problem and no suggestions to relieve the situation. When emboldened to do so by public opinion, which had been roused to great condemnation of his callous presentation, he introduced into the later edition the idea of late marriage as a birth control measure designed to keep the population within bounds, but he did not advocate any contraceptive means

though I have evidence that he knew of some methods of contraception. It must not be forgotten that he was still alive when FRANCIS PLACE took up the subject of practical methods of contraception (see p. 265) and it is certainly not true to say, as does ADELYNE MORE* in her otherwise admirable pamphlet, that "MALTHUS wrote in an age which knew of no 'preventive,' as opposed to 'positive' checks . . . . except either late marriage or the use of abortifacients." He personally corresponded with FRANCIS PLACE and could have easily modified his later editions had he so desired. (See also p. 268.)

V. ROBINSON, M.D. in his little book "Pioneers of Birth Control" said :† "Destiny concocted a greater irony when she made THOMAS ROBERT MALTHUS the unwilling father of the birth control movement. This clergyman was a timid bird in the sociological aviary, and he turned in despair from the daring eagles he hatched. MALTHUS was *not* a Malthusian" (p. 16) "with clarity he saw the evils of an exces-

* ADELYNE MORE (1916) "Fecundity *versus* Civilization." Pp. 52. London, 1916.

† VICTOR ROBINSON, M.D. 1919 : "Pioneers of Birth Control in England and America." Pp. 107. Published by Voluntary Parenthood League, New York, 1919.

sive and uncontrolled birth-rate, but as a therapeutist he was a clergyman. For a serious disease he proposed an impossible remedy."

Not only was the advice of MALTHUS wholly inadequate, his general theory of population will not bear the searchlight of modern scientific investigation, and his views are superseded, although undocumented persons still continue to speak and write of him as though he had laid down immutable laws.

CARR-SAUNDERS in his learned and enlightened study of populations devotes much consideration to the more pregnant ideas of the development of *optimum* populations, and says* (p. 201) "This idea of an optimum density of population is wholly different to that put forward by MALTHUS. To him the problem was one of the relative increase of population and of food; with us it is one of the density of population and of the productiveness of industry. To MALTHUS the position was much the same in all ages." And again (p. 476) "The errors underlying the wholly different exposition given by MALTHUS have been indicated; for him there was no such thing as over-population. In his view population had at any one time increased up to the

possible limit and was in process of being checked. In the modern view numbers may approximate to the desirable level, may not reach it, or they may exceed it."

MALTHUS created a great stir in his own time and is still almost universally referred to as the original authority and the discoverer of the "Law of Population." But even this is not so, and his main themes were dealt with in a very modern spirit long before he wrote.

As CARR-SAUNDERS* has so recently gone into this history in detail, readers should turn to his book, in which references will be found to MALTHUS' predecessors of early date, including BOTERO who wrote in 1596 and SIR M. HALE who in 1667 largely forestalled whatever is still true in MALTHUS' work.

* A. M. CARR-SAUNDERS (1922): "The Population Problem: A Study in Human Evolution." Pp. 516. Oxford, 1922.

CHAPTER X.

Contraception in the 19th Century.

THE storm raised by the first edition of MALTHUS' book resulted in his more careful consideration of the subject, and material alterations in his text, so that when the second edition appeared in 1803 it was very different from the first edition: a good many of the more offensive and callous paragraphs were removed, and the scope of the work greatly extended. Even yet, however, it left an unsatisfactory impression on many of its readers. Some of their comments were trenchant, and among them I have had the privilege of seeing the original 1803 edition with its very wide margins filled with extensive annotations by COLERIDGE the Poet, who was evidently aroused to a scornful fury by the pages even of this revised and mellowed MALTHUS.

The greatest and most enduring *opponent* of MALTHUS, however (the one whom to-day, nevertheless all the Neo-Malthusians are actually following!) is FRANCIS PLACE. His famous book "Principles of Population"

including an examination of the proposed remedies of MALTHUS, appeared in 1822. It is the only book to which PLACE publicly put his name* although PLACE was a worker, collector and annotator of such immense industry that his Commonplace books and manuscripts fill over a hundred huge volumes in the British Museum. He was the central inspiration, and the secret leader of many of the advanced movements of his day. His life has recently been written by GRAHAM WALLAS† but I fancy that PROFESSOR WALLAS has not seen all the original PLACE letters and manuscripts that I have had the good fortune to see through the kindness of the British Museum authorities. Hence even his biographer was not fully aware of the extent of PLACE's service to the population problem.

PLACE in his book boldly attacked MALTHUS and demonstrated the utter futility of the unnatural remedy of deferred marriage proposed by him, and at the same time he replied to MALTHUS' opponent GODWIN and

* FRANCIS PLACE (1822): "Illustrations and Proofs of the Principle of Population: Including an examination of the proposed remedies of MR. MALTHUS, and a reply to the Objections of MR. GODWIN and others." Pp. xv, 280. London, 1822.

† GRAHAM WALLAS (1918): "The Life of Francis Place, 1771-1854." Fresh] edition. Pp. xiv, 415. London, 1918.

staunchly advocated the urgent necessity for dealing with the over-fecundity of the poor. Of MALTHUS' suggestion PLACE says in his book : "the belief in his sincerity is at the same time a belief of his extreme ignorance of human nature, in some very important particulars. . . ." "The denial of the *right* of the poor man to the means of existence, when by his labour he cannot purchase food, is notwithstanding its absurdity, purely mischievous ; its obvious tendency is to encourage and increase the hard-heartedness of the rich towards the poor, and to lay Mr. Malthus himself under the same imputation. It is one of the passages in his book, which has mainly impeded the progress of information respecting the principle of population among the people." In this work FRANCIS PLACE first uses the phrase later to become a household word ; concerning the difficulties of over-breeding he said : "*The remedy can alone be found in preventives*, as will be further shown in the following section." After demonstrating from his own experience as a working man, under how great a misapprehension of their needs and natures MALTHUS laboured, he goes on to say, "If, above all, it were once clearly understood, that it was not disreputable for married

persons to avail themselves of such precautionary means as would, without being injurious to health, or destructive to female delicacy, prevent conception, a sufficient check might at once be given to the increase of population beyond the means of subsistence ; vice and misery, to a prodigious extent, might be removed from society, and the object of 'Mr. Malthus,' 'Mr. Godwin,' and of every philanthropic person, be promoted, by the increase of comfort, of intelligence, and of moral conduct, in the mass of population."

"The course recommended will, I am fully persuaded, at some period be pursued by the people, even if left to themselves. The intellectual progress they have for several years past been making, the desire for information of all kinds, which is abroad in the world, and particularly in this country, cannot fail to lead them to the discovery of the true causes of their poverty and degradation, not the least of which they will find to be in overstocking the market with labour, by too rapidly producing children, and for which they will not fail to find and to apply remedies."

In this book PLACE does not enter into any medical details of the actual methods which could be used for prevention, but

nevertheless, I am convinced that at this early date it was PLACE himself who was the source of the information which contemporaneously appeared in a number of different quarters. Those writing the history of this subject generally record the "*Diabolical Hand Bill*" of 1823 as the "first"* publication of practical instruction. The author of this hand-bill is, I think, still supposed to be unknown: I am, however, much inclined to believe that it was PLACE himself, because among his original letters and manuscripts I have found so many letters about this, and original drafts concerning practical methods, that I think there is little doubt that if he did not actually send it to the printer himself he arranged for its publication.

The "*Diabolical Hand Bill*," moreover, is not the first appearance of practical contraceptive information in print in this country. In the year 1821 an extremely interesting though scurrilous letter appeared in a journal called the "*Bull Dog*" in which the author says: "as a first step to a full exposure of the thing, I hereby openly and unflinchingly declare that Francis Place,

* It was, of course, by no means the first, as has been shown in the preceding chapter. It can only be described as the first of the Post-Malthusian school of publications.

the elder (Esq. *subauditur*) of Charing Cross surtout and system builder, is the *actual author* of the filthy pages entitled, '*What is Love?*' he having supplied Richard Carlile with the foul particulars contained therein, and having been in the habit, for some time previous to the publication of the above-mentioned mass of filth, of promulgating the same system, or set of principles and directions, condensed into an handbill, among the lower orders. Other persons are concerned in it, but Place is, and has been the principal person."

This reference to the pages of "What is Love?" shows that "What is Love!" must have been already in print in 1821. Now this is very interesting when we realize that the book generally attributed to RICHARD CARLILE and which was published in 1826 over his signature under the name "Every Woman's Book" really first appeared under the title "What is Love?" in the body of the journal called the *Republican*. Even this, however, was evidently not its first appearance as was shown by this extract from the *Bull Dog* which indicates that FRANCIS PLACE was the real author of the book called "*Every Woman's Book*" and universally hitherto attributed to RICHARD CARLILE. The *Bull Dog*, in its

scurrilous way has something even more interesting to say, and addressing himself to CARLILE remarks: "I noticed your gradual advance" . . . "to Eunuch Place's Sponges." "Do you, or can you, deny that Place has been your constant correspondent during the entire term of your imprisonment? Has not he given you the substance of every article that has appeared in the *Republican* under your signature? Was he not nearly two years persuading you to embody and publish his most foul proposals, for rendering the young men of England catamites, and the young females prostitutes? Has he not on many occasions advanced money to you? Verily all these things can be proved from letters in your own handwriting." This shows that knowledge of the method of contraception commonly called the sponge method was being circulated as a practical preventive by PLACE, and as a matter of fact the actual words of one of the hand-bills which appeared about this time give very simple instruction in the following form: "What is done by other people is this. A piece of soft rubber sponge is tied by a bobbin or penny ribbon, and inserted just before the sexua intercourse takes place, and is withdrawn again as soon as it has taken place.

Many tie a piece of sponge to each end of the ribbon, and they take care not to use the same sponge again until it has been washed."

In connection with PLACE and his early instruction in practical methods and the great extent of his influence it is very tempting to say so much as would bring him into a prominence out of proportion to the rest of this textbook, but I think it of sufficient general interest to print in full the following hitherto unknown letter of FRANCIS PLACE himself to RICHARD CARLILE, of which I have seen the original manuscript draft in his own handwriting in a volume of his manuscripts, &c., in the British Museum, which I understand has not hitherto been searched. It is a long letter, but the contents are of extreme interest to the history of the Movement. This copy of PLACE's own draft of his letter to RICHARD CARLILE, is dated London, August 17, 1822.*

"Your letter dated the 8th was brought to me yesterday only, by our friend Webb, who I was sorry to learn had been very ill. I was just thinking of

* I am much indebted to the authorities of the British Museum for their kind permission to publish this letter, which has, so far as I can ascertain, lain hitherto undetected and unpublished in the mass of PLACE's work.

writing a note to you in consequence of your remark on '*controversy*' fearing you had mistaken my meaning in that observation in my book in which I say 'mere controversy would not have induced me to write,' the meaning is that but for a better object, namely the desire to benefit mankind, I should not have taken the trouble to write the book. I find that those who have read it so far as I have been able to ascertain, understand the observation in the sense here explained. That done with, I shall next thank you for your letter, and shall make a few remarks upon it, not such as will convince you; that I do not even wish, but such as I hope may tend to induce you to keep cogitating on the subject, that conviction may arise from full examination.

"I will go on in the order of your letter. Your correspondent declaims against *early* marriages, but I am for early marriages, but I am for rendering them provident, improvidence is folly as well in marriage as in everything else, and early marriages must in the present state of things be generally improvident, and that they should be so is a most lamentable circumstance, not to be able to marry is perhaps the greatest of all physical evils, and at least it is the most extensive. (1) You fear the plan which I propose would lead to want of chastity,—(2) that to render unnatural a natural intercourse is repugnant to your ideas,—(3), Stewart recommends similar means to save women the trouble, pain, etc., and this astonishes you,—(4) You believe the dread of conception causes forbearance in young girls, but that means used to prevent it would remove the barrier and would tend to make them faithless wives.

"Now then let me reply to these points. (1) If my proposition were calculated to produce the effects you suppose; it ought to be scouted, and you I am sure will readily believe that I would not propose it if I was not fully persuaded of the con-

trary. I know a great deal about the working part of the community. I know a great deal about those immediately above them, and I care but little for the other classes of society, both because they are of comparatively little use to the community and because that the laws in all countries have been made almost wholly for their advantage to the injury of those who most need protection. Well, then, as to your objections in relation to these classes. (*a*) Of the working people, do you know that among them the means to prevent conception is already in use to a considerable extent? I know it is, and I know that the only reason they are not more generally used is that they are injurious to health. But I know also that means are used to a very great extent in France which are not injurious to health. But you will say that continence in France is less well observed than in England, of this among the unmarried people I have much reason to doubt, and among the unmarried young women over in France who are only one removed from the mere labouring man's child, I am quite sure there is more chastity than in the same class among us. I will give you an example from which you may judge. I have now before me a pretty extended list of a number of journeyman tailors, and another of plumbers who lived with women for several years without having children, and I have a continuation of those lists; of those; who have afterwards been married to those women, and of many of the women who have afterwards been married to other men and almost the whole of them have had children after marriage. I have conversed with many and have got them to acknowledge the fact. I have ascertained too that means, (not to prevent conception, and I was wrong in saying so) but to destroy the fœtus I should have said has been practised by many married women. Now this is a real evil, (i) because the woman has a strong notion that she destroys life, as it is called, (ii) because the law treats it as

murder, (iii) because it injures her health, and (iv) because it degrades the woman in her own eyes and does positive injury to morals. Pray observe that my proposal would remedy all this mass of evil, and that would be so much clear gain to the cause of morality.

"(2) The proposition and what you suppose would be the practice if conception could be easily and certainly prevented. I agree with you in this propensity. But let us see how far that is now indulged. (i) When, there is no chastity among the absolutely poor, those who have no character to lose have no moral restraint on their propensities and they indulge them. (ii) In the case of common farm servants and servant girls in mean situations. Here again you will not find much chastity, all risks must be run, and they are run, and how can it be otherwise, everything tends to bring the sexes together, the whole of their habits and intercourse makes the union familiar to them in theory from a very early age, and the practice follows. (iii) Servants of a cutt somewhat above these besides the tendency their loose education has, are miserably exposed to temptation, and in all these cases so few are the chances for early marriages that it is too much to expect them to hold out. (iv) As we ascend the need of character and a more distinct notion of morality restrains young women, and the number who live in chastity increase, but it is most lamentable, and to them a source of great misery to be compelled to restrain their inclinations on account of the fear young men have to take wives. But that moral sentiments do prevail to a very great extent, I know. (v) Let us look to those who are brought up in immorality, the number of these is indeed very great in all large towns, a vast many girls know not what chastity means, they begin so early that it may be said they never were chaste, I include in this class the whole of the costermongers and petty chapmen, among whom I had

much intercourse when younger for the purpose of understanding them, it is principally from this class that our streets are furnished of a night, the day whores, and many women who are in keeping were servants and apprentices. Now when we take pains to examine all this carefully and deliberate upon it, we ought to be rather surprised that there is anything like the chastity which we really observe, and the question is would it be increased or diminished by my proposal. (1st) Then I take it for granted that it would be advisable in any state of Society and under any Government that there should be no more people than the Society according to its habits and its laws could find employment for. I am not talking of what better governments and better habits might do, because we have only to take a long view of the subject to see that there would be a population equal to the means of its maintenance, neither am I to be told of visionary projects of emigration from one country to another since no large and populous country could be relieved in that way; and because that involuntary emigration is itself a great evil and even voluntary emigration from apprehension and few will ever emigrate from any other cause is also an evil. I am to argue the matter as it stands. All the work then which it is desirable to have done is done and yet a large number of people have no employment. No division of food and raiment and lodging can remedy this evil, no man will give much away; it must be cammed before he will part from it, and this is as it should be, for unless a man be employed to produce something by his labour he is a mere idle consumer, as is every man who does not in some way employ himself usefully, and what he consumes might be as usefully consumed by fire, but the truth is that if after all the work required is performed, a large number of unemployed people remain, and if they be as well maintained as is desirable a human being should be, the means of reproducing would di-

minish, *profit*, the stimulus to production would be at an end, and famine would follow. In whatever proportion the people who cannot be employed bear to the community so far there is an approximation to this sad state. Next, this redundant population keeps down wages and produces poverty and between the two a large number of girls are produced for whom there is really no sort of employment, these and those, whom the redundant number compels to work for inadequate wages, have no resource but in prostitution and of all the wretchedness that can be conceived nothing can equal that of these most miserable and most to be pitied persons. They live to be sure their short and wretched life and then one is replaced by others; Colquhoun calculated I think that one with another, the common women die in about five or six years. Think of this mass of misery. But how do they exist at all? Principally in consequence of the young men among us fearing to take a wife, think of this terrible evil also, at the debauched notions this engenders, of the contempt it produces for women, in those who indulge their passious in this way, and indeed of the hundred other evils it engenders.

"Now then to the consequences of my proposition on chastity. (i) I am sure you will find upon enquiring that chastity is much more preserved from moral considerations than from all other causes put together. (ii) If my propositions were carried into effect extensively there would soon be no more people than there was employment for at good wages, and we do find that as people are well paid for their labour they provide themselves with comforts, become more moral and have more desire to educate their children, hence there would be a vast improvement in moral conduct. As young women would not then be forced to prostitute themselves for a most miserable existence the number of prostitutes would be few, and as the fear of a too large family would no longer deter young men

from marrying, and as marriage would be almost the only way for them to indulge their passions, they would take wives accordingly, and the parties would come together pure and chaste, the notions of neither the man nor the woman debauched, and the happiness of the community would be greatly increased. In proportion as the women were better off, self respect would be increased, and the certainty of a husband at an early age would be motives sufficient to ensure chastity to a very great extent. If this were the case you would of course say, that, it was also a considerable security for the fidelity after marriage, it would decrease temptation to infidelity inasmuch as the man would have less desire to seduce married women, and be less expert at seduction than with their experience in debauchery they now are.

"(iii) If my proposition were carried into effect to the proper extent, the means a man would have to rise in the world would, as well as the chance of rising, be greatly increased, and in no very long time there would be a great many more middling tradesmen and farmers, etc., etc., a much smaller number of very large ones, this equalization of property would be the means of employing a larger number of persons and benefiting all. (iv) It follows I think that if these consequences resulted even partially that a great improvement in morals would be effected, and if so, chastity would be a certain consequence. The question then is, not whether vice and immorality would be extinguished, but in which of the two cases, there would be the most virtue, the most chastity. I cannot for a moment doubt the result, and I wish you would take the trouble to think the subject well, laying aside your feelings and attending only to reason. Never mind, however painful or repugnant if, to understand the true situation of mankind it becomes necessary to go through a painful course, there is no remedy but to take it or remain in ignorance. To be able to cure

wounds and to amputate limbs the surgeon must go through a course of dissection as disgusting as can well be conceived, but he has no resource, so it is with him who would really understand the situation and prospects of mankind, and I assure you that it was with much repugnance that I undertook many of my enquiries, and with sorrow for poor degraded man that I found myself without any choice as to the inferences I was compelled to draw.

"I do not see that you are called upon to take up the subject of population in your publication, your correspondents calling upon you is not a sufficient reason for your doing it. There can be but one good reason, and that you must decide for yourself. If you think you can do no service, refrain, if you think you can be useful, go on. If you go on, give me credit for good intentions, but beyond that I ask nothing, treat my book, by name with the utmost freedom, it cannot interrupt our friendship however we may differ in particulars. . . . Very sincerely yours, Francis Place.

P.S.—"Oh I see I have omitted to notice the extract I had made. (No. 2). It is prejudice and not reason to talk there of natural and unnatural as you have done.—Nature makes wild beasts, men kill them, nature never made an ox or a gelt pig or drained a bog, or planted potatoes or served cress in Europe—in respect to mankind—I know of but one rule which should guide them—and that is the *principle of utility* so beautifully explained by Bentham in his 'Introduction to Morals and Legislation,' and as this work is about to be reprinted you shall either have a copy or the use of one. Nature is a blind dirty old toad, and must be met by reason when she is likely to do harm to mankind. (No. 3). As to Stewart. He was correct as far as he went. I know instances, that is, there are some first rate women as to intellect, married, excellent, delightful women as free from all sorts of superstitions as mortal can be, and as well in-

formed, as learned in all things as they can well be, who do not have more than two children, who have no fear of those two or either of them dying and will therefore have no more. Children are very little like to die if properly attended to. I know some of what would be called very extraordinary instances in proof of this. I believe that a child born from healthy parents which dies, always dies of mismanagement, and that scarcely any need die, and that very few indeed would die if parents were well instructed in the mode of rearing them. A century ago half born in this country died two years of age, now not a third die under that age and not half under twenty years of age. Now only think of the breeding and the producing children, as it regards the woman, and the loss and cost and the pain of having them, and see what a mass of misery would be prevented by my proposal, and add to this the pleasure of seeing the number of children a woman might choose to have; healthy, and their lives secured as they would be when knowledge, spread as it would spread when people turned their attention to the subject, and the happiness which would result from children growing up to manhood under the eyes of their parents instead of being left orphans, as from their being produced late in life a vast number now are left. Of all animals, man has hitherto been the most neglected, and so he will continue to be until he elevates himself into importance by limiting his number. Man while poor and miserable and wretched will improve but slowly, but I firmly believe that if the people in this country were as well off as my proposition would make them, that the best Government possible would soon be called into existence, and superstition would cease almost universally among them.

"Speaking of those excellent women to whom I have alluded, I will add that I know of no intercourse so truly exhilarating and charming as

their company, and among such women unchaste thoughts have no place. I know no man of understanding who does not enjoy their company, most exquisitely, and most *holyly* if I may use the word. How this sort of intercourse would be increased I leave you to decide. F. P."

In the year 1823 a journal called the *Black Dwarf* published a good many notes on the population question and said "The object in view must then be attained by the introduction of means which shall place it at the discretion of married persons to have children or to have none . . . . this is to be secured by preventing conception, not by obliviating its effects after it has taken place, frequently entailing injury to the health of the party resorting to it."

A number of the arguments in the editorials and notes of this Journal although they are not signed by PLACE, are almost the very phrases one meets in his original letters.

The Republican for 1824 and the following years also has very many notes and paragraphs on this subject, and finally RICHARD CARLILE in 1826 advertises the book form of "Every Woman's Book" with a whole page advertisement, warmly praising its value. Evidently CARLILE had been converted by his friend FRANCIS PLACE, to whom he was so deeply indebted: converted, I maintain, to the extent of lending

his name to this practical book which for diplomatic reasons PLACE himself did not wish to appear under his own name.

In the eighteen twenties several journals were actively pursuing the subject so interesting to PLACE and his working-class contemporaries, and the *Bull Dog* in 1826 categorically says that PLACE is the true author of the following instruction in contraceptive measures. (This instruction was varied but slightly when repeated as addressed to various social classes.) "The means of prevention are simple, harmless, and might, but for false delicacy, have been communicated generally. They have long been practised in several parts of the Continent, and experience has proved, that the greatest possible benefits have resulted; the people in those parts, being in all respects better off, better instructed, more cheerful, and more independent, than those in other parts, where the practice has not prevailed to a sufficient extent." . . . . "The methods are two, of which the one to be the first mentioned seems most likely to succeed in this country as it depends upon the female. It has been respectively resorted to by some of our most eminent physicians, and is confidently recommended by first-rate accoucheurs, in cases where

pregnancy has been found injurious to the health of delicate women. It consists in a piece of sponge, about an inch square, being placed in the vagina previous to coition, and afterwards withdrawn by means of a double twisted thread, or bobbin, attached to it. No injurious consequences can in any way result from its use, neither does it diminish the enjoyment of either party. The sponge should as a matter of preference, be used rather damp, and, when convenient, a little warm. It is almost superfluous to add, that there may be more pieces than one, and that they should be washed after being used."

"The other method resorted to, when from carelessness or other causes the sponge is not at hand, is for the husband to withdraw, previous to emission so that none of the semen enter the vagina of his wife. But a little practice and care in the use of the sponge will render all other precautions unnecessary."

I have little doubt that many further publications and suggestions will come to light which are traceable to PLACE, who was in correspondence with many men on the Continent and others interested in his reforms. PLACE certainly discussed *Coitus Interruptus* with some of his foreign corre-

spondents, as the following interesting letter shows (this is also in manuscript in the PLACE collection in the British Museum). The writing looks to me very much like an unusually clear form of that of PLACE himself. After commenting on generalities, and mentioning the use of the sponge he continued : " It now remains to suggest a more simple method ; it is little known to the English, who are full of the coarsest and most vulgar prejudices on these subjects, but it is practised universally on the continent, and especially in France, where amongst the cultivated classes no couples ever produce more children than they can conveniently maintain, and where no woman ever commits adultery in their sense of the word, that is to say, altho' a woman may indulge in gallantry, she never injures her husband by introducing into his family a spurious issue.

" This expedient is sometimes called *La Chamade*, the Retreat, but most commonly by the softer name of *La Prudence*, or *La Discrétion*, and the promise to be prudent or discreet, is frequently exacted and honourably fulfilled. It is in fact a Retreat at the moment of spending, and of course depends altogether on the man. To impregnate a woman it is necessary that some of the seed

should be received into the womb; in order to effect this, at the moment of spending, the man not only advances instinctively as far as possible, but even struggles violently to get farther and thus gives an impulse to the seed, so as sometimes to throw it into the womb, and if it be retained there conception follows. To counteract this intention of nature it is only necessary for the man to watch the moment of spending, and at that moment to retire. Those to whom this is made known for the first time always object that 'I do not perceive the moment, and if I did, it would be impossible to escape.' The answer is, 'You have not hitherto attended to it; attend, and you will observe it.' 'But it comes so quickly that there is no time to escape.' It does indeed come so quickly that to escape altogether is impossible, but fortunately that is not necessary, for the reception of the seed into the womb is prevented, not so much by the part *having* retired from the mouth of the womb, as by the emission taking place whilst the part *is* retiring, instead of being thrust forward with the utmost force as nature directs.

"To practise *discrétion* for the first time is difficult from a want of confidence, and from a belief that a vast effort is necessary,

but having once found that it may be done, experience renders it easy by giving that very confidence, the want of which rendered it difficult.

"The most convenient and easy, as well as the most effectual method is for the man at the moment of spending to throw himself on his left side by which motion he not only in some measure extricates the part, but gives it also a slanting direction with respect to the woman, so that the seed being thrown not directly but in a side-long manner it is perfectly impossible for the womb to receive it.

"In this exercise of *Prudence* there is nothing injurious to health, nothing offensive to the nicest delicacy, the pleasure is great, and indeed the same, as when the impulse of nature is blindly followed ; to show a regard for the interests of society, for the health, and perhaps the honour, of a beloved female in the fiercest moments of passion is a moral discipline not rashly to be despised ; it is moreover, practically as easy to assert the empire of reason at those times as by a criminal *imprudence* to manifest that irrational contempt of consequences, which is the degrading characteristic of the brute.

"La Belle Discrétion is little known in

England, because, when the English go abroad, they take with them, amongst their other national habits, that of associating almost entirely with women of the town, and, besides, their character for obstinate prejudices, and the most perverse and ignorant self-will, is so firmly established, that women of honour will rarely trust themselves to the discretion of an Englishman, but will require the odious and unhealthy preliminary, called, moucher la Chandelle, or some gross mechanical precaution."

In this connection, also, it is particularly interesting to note that in the Universities of France and America early in the last century, definite contraceptive information appears to have been current among the medical students. As evidence of this I possess the original of a letter given to me by the late MRS. HASLAM. It had been written by a distinguished medical doctor of the period to "ŒDIPUS" (which was the pen name of MR. HASLAM) who was himself the author of a pamphlet referred to (see p. 291).

The letter is dated February, 1868, and the relevant paragraphs state :—

"I have read your marriage problems (the Pamphlet written by ŒDIPUS) with

great pleasure, for it is one of those steps in the right direction, the consideration of which is being forced upon us. . . . Many years ago I was appealed to by a clergyman as to the possibility of checking any further increase in his family. My advice to him was to follow the French system, and I explained it to him, but he had some absurd objections about its morality, so matters went with him from bad to worse. Later he consented to try the 'sponge': it failed with him and he gave up in despair. About twenty years ago another clergyman, a relative of mine, made the same application to me: to him I recommended the French plan, pointing out to him how comparatively seldom it was that more than two children were found in the better class (i.e., a class most likely to be exempt from foolish or superstitious prejudices) of the French families. Again he or his wife made the same objection as the former parson made, namely immorality. I then told him of the very plan you recommend, *a plan suggested to me when I was a student of medicine in Paris forty-two years ago,* and afterwards repeated to me when again a student in a lying-in hospital in Philadelphia.*" (Italics mine.)

* That is in the year 1826.

Recognition of the need and the conscious desire of the public for contraceptive information was therefore taking root both among the public and even in official establishments, and there appeared at that time no particular danger of hindrance to its further spread. Methods were then generally advocated and propaganda prospered without the restricting influences of being claimed, or opposed, by any particular *cult*.

There is no doubt that, so early as the eighteen forties, birth control was already very prevalent on the Continent. That Roman Catholics used methods of control is indicated by the action taken by the Pope (see p. 233) and the tacit acceptance of the fact that the better class Roman Catholics were using methods to control their families.

In English a number of publications giving brief accounts of contraceptive methods as well as general arguments in favour of their use appeared in rapid succession after PLACE had set the ball rolling, and notably two works of some interest were published in America, OWEN's "Moral Physiology" (1830) and KNOWLTON's "Fruits of Philosophy" (1833). The latter was explicit and useful and ultimately went into an immense number of reprints in America and this country. The book

contained an opening section which discussed the general reasons for the need for contraception, and then gave various useful physiological facts; the methods described included withdrawal, the sheath, the sponge and spraying with alum or other chemicals. The pamphlet became particularly notorious as the result of the BRADLAUGH trial (see p. 337).

Although these and various other books, articles and pamphlets disseminated knowledge in many directions, there is little of interest to us again until the publication in 1866 of DR. TRALL's famous book "Sexual Physiology" in America, and shortly after in this country also.* The book dealt with many aspects of the intimate sex life, and was fully illustrated. DR. TRALL gave not only an exposition of the necessity for it, but practical "birth control" information of a kind not bettered until two or three years ago, when the subject was taken up again in a more scientific way. This book dealt profoundly with matters of sex and marriage, and was packed with extraordinarily valuable deductions from the author's

* R. T. TRALL, M.D. (1866) (1884 ed. identical) "Sexual Physiology: A Scientific and Popular Exposition of the Fundamental Problems in Sociology." Third ed. Pp. xiv, 312. New York and London, 1866.

own cases, as well as facts which should be known to everyone from the common property of physiological science. DR. TRALL presented the whole subject of sex physiology in a way to be of real use to the general public, and in such a spirit of sympathy, understanding and reverence that it could revolt none but the prurient minded. All information was given in clear language and a variety of contraceptive methods suitable in different circumstances were mentioned. This book has had throughout a wide and unfettered circulation, and after publication both in New York and in London, was already in its third edition the same year that it appeared. It had also a continuous and untrammelled existence up to and *right through the years* of the BRADLAUGH trouble, as is clear from the fact that it was reprinted in 1884 exactly as it was in its 1866 edition (with the exception of two or three extra illustrations at the end of the book), the whole section dealing with the control of conception included. In this year the title-page states that the book is in its fortieth thousand, which was an enormous circulation for a serious book in those days.

Other contemporary pens were active, and in the spring of the year of the great

Daily Telegraph correspondence (1868) at least two pamphlets of practical advice were published and circulated and the theme was again being keenly discussed by thoughtful people. The pamphlet entitled "*The Power and Duty of Parents to Limit the number of their Children*"* contained advice on physiological means of limitation by the safe period, by coughing, sneezing, jumping, violent exercise, injections applied immediately after coitus, and by withdrawal and by "the interposition of some material; but such artifices are not recommended." "*The Marriage Problem*" privately printed and circulated by "ŒDIPUS" also contained contraceptive advice.

Some personal letters, written in the same year, are most valuable and illuminating, as indicating the general interest then taken in the root of the subject. For instance, regarding the second pamphlet, I possess the original of a letter from JOHN STUART MILL to "OEDIPUS," in which he says :—

"*February* 19, 1868.

"I thank you for your pamphlet. Nothing can be more important than the question to which it relates, nor more laud-

* ANON. (1868) "The Power and Duty of Parents to Limit the number of their Children." Pp. 11. London, 1868.

able than the purpose it has in view. About the expediency of putting it into circulation in however quiet a manner, you are the best judge. My opinion is that the morality of the matter lies wholly between married people themselves and that such facts as those which the pamphlet communicates ought to be made known to them by their medical advisers. But we are very far from that point at present, and in the meanwhile everyone must act according to his own judgment of what is prudent and right."

In the August immediately following the *Daily Telegraph* correspondence a Pharmaceutical Chemist in Wales wrote to "OEDIPUS" a letter of which I also possess the original.

". . . your valuable pamphlets upon the marriage question, the perusal of which gave me great pleasure. This comparatively new discovery will be the salvation of millions of our countrymen from poverty, vice, &c. Talking to a friend lately he made this statement : 'My wife is one of twenty children : I am one of nine, and had I been ignorant of this law (how to regulate, &c.) I should have been by this time deluged with offspring. I have so far regulated the number to suit our wishes. . . I lent your pamphlet to a magistrate of this

County. He was highly pleased with it. He also told me that he had regulated the number of his family for the last twenty-five years: his method, however, is not mentioned in your pamphlet. . . You make no notice of but two methods in your pamphlet. I presume you have your objections to the F. Lettre, Injection, Partial Withdrawal, &c. I shall want twenty of your pamphlets, and I should like to know what you could charge me for 250. I have already given orders for 500 copies of another pamphlet. . . I would suggest that you get your excellent pamphlet translated into the Welsh language: it would be the means of doing much good as there are amongst us a great number who do not understand the English language."

These letters (and I could introduce others) are chiefly interesting as proof of the widespread interest in the practical aspects of contraception, knowledge of which was already so general in those early days.

The next event, of great notoriety, in the Movement was the prosecution of BRADLAUGH in 1877, for his reprint of DR. KNOWLTON'S pamphlet. His followers to this day speak as though he had championed in heroic style a lost cause which but for him would scarcely have existed.

We even read these words: "Thus to Bradlaugh, who never wavered in either his economic or his philosophic creed, goes the credit of having set up in his own country, on a decisive scale, one of the most momentous changes in social conditions that have ever taken place in human history," and that into a "world of furtive hypocrisy Bradlaugh brought the breath of a better life."*

In the face of the facts of prior history which I have given above this seems at least a remarkably exaggerated claim!

As I hope I have made abundantly clear, explicit birth control information was calmly, publicly, and without interference making its way through all strata of society long before BRADLAUGH touched the subject at all. And even in spite of and all through the years of the BRADLAUGH trouble, TRALL's book with its explicit physiological information, and others, were being published and sold openly and unquestioned.

DR. KNOWLTON's pamphlet had been published freely in England for forty years when, in 1877, the authorities decided to prosecute those who sold it. This apparently inexplicable reversal of public policy

* RT. HON. J. M. ROBERTSON (1920) "Charles Bradlaugh." Pp. 122. London, 1920.

has been fully explained in my pamphlet "Early Days of Birth Control"* (see also p. 337). The original prosecution was due to the inclusion in the pamphlet of some obscene pictures.

The BRADLAUGH trial brought the subject into prominence in this country coupled detrimentally with the Atheistic group, who were "up against" society on other grounds. Hence a number of mistaken statements and deductions about the movement have been made ever since. BRADLAUGH's adherents fight passionately to magnify his power, and memory, and have ignored the facts detailed above. Another of the after-effects of the trial is the emphasis laid on the statement that the fall of the birth-rate in this country can be traced directly to this date. The fact is that the trial in 1877 by a coincidence followed the first year which had made the registration of birth *compulsory*, so that for the preceding year or two, births (the registration of which was probably several years overdue) had been registered, and by 1876 the new law was working and we get the apparent high water mark of records, and hence the year following they appeared to go down.

* M. C. STOPES (1922) "Early Days of Birth Control." Pp. 32. London, 1922.

As another result of the trial the Malthusian League was formed, and its first President was CHARLES BRADLAUGH and first secretary, ANNIE BESANT, who was at that time also an ardent Atheist. The following year (1878) the President was C. R. DRYSDALE, M.D., M.R.C.P., F.R.C.S., senior physician to the Metropolitan Free Hospital, and the League passed into the hands of the Drysdale family, who did much to foster and maintain it till it dissolved in the summer of 1922 to be replaced by a League on a broader basis. (See p. 331.)

After 1877 there were one or two individual prosecutions, but never any challenge of the really important books, which steadily maintained the right openly to publish and sell works dealing explicitly with contraception.

It is impossible to mention all the minor events of interest in connection with a subject of such world-wide vitality and significance: for further data reference should be made to Chaps. XII and XIV and to the very valuable references in the pamphlet by ADELYNE MORE.*

In America, ANTHONY COMSTOCK, by a

* ADELYNE MORE (1916): "Fecundity versus Civilization." Pp. 52. London, 1916.

trick, had managed to get contraceptive knowledge classed as "obscene" in the United States (see p. 345) but on the Continent and in Britain rapid progress was made.

The most important medical advance in the second half of the nineteenth century was inaugurated by DR. MENSINGA of Flensburg* who initiated and described the convenient rubber caps used by the female and still known by his name. His work was detailed and his observations on his patients most careful and full of interest. Several forms of the cap were described and figured, and already in the very early years after their first use MENSINGA detected the great variability in the requirements and reactions of different women.

Variations of such rubber caps were soon made and their use rapidly spread on the Continent, and in this country, for their usefulness was immediately apparent.

Holland seriously took up the idea of contraception, and in 1881 the Dutch Neo-Malthusian League was founded; shortly after, the first Dutch lady doctor opened the first Birth Control Clinic

* MENSINGA, DR. MED. (1882): "Das Pessarium occlussivum und dessen Applikation." Part 2, Supplement to "Fakultative Sterilität." 7th Ed. Pp. 80, 2 pls. Leipzig, 1906.

in the world in 1885. (See also p. 378.) The service of Clinics spread in Holland (except in those districts which were strongholds of Roman Catholicism), and the results were so excellent that in 1895 the Society was given a Royal Charter of Public Utility. The Dutch League is a large and powerful one, and two of the many distinguished persons notably connected with it are the medical doctors J. RUTGERS and ALETTA JACOBS.

In Holland the nurses trained to staff the now numerous clinics, principally advise internal rubber caps for the woman, modified from DR. MENSINGA's, but they vary their advice to suit individual circumstances.

In this country the next event of special interest was the publication by DR. H. A. ALLBUTT of the "Wife's Handbook"* which gave explicit though brief and rather uncritical instruction in most of the methods then being practised. The booklet contained chapters on pregnancy, childbearing, &c., and a short chapter dealing with "How to prevent conception." In

* H. A. ALLBUTT, M.D. (1887): "The Wife's Handbook: How a Woman should order herself during pregnancy, in the Lying-in Room, and after Delivery, with Hints on the Management of the Baby, and on other matters of importance, necessary to be known by married women." See 46th ed. Pp. 59. London 1916

this he described briefly the procedure of withdrawal, the "safe period" (which he notes is not very safe), injections of permanganate, boric acid, or other disinfectant, the sponge, French letter, MENSINGA's pessary (and a special modification of it, the "ALLBUTT") also RENDELL's soluble quinine pessaries and contraceptive powders for introduction with an Insufflator. This booklet was published cheaply, at 6d., and also contained crude advertisements of "Malthusian" equipment. It was not prosecuted by law, but DR. H. A. ALLBUTT was arraigned before his colleagues and struck off the Medical Register. His case was most important because of the far-reaching repressive reactions involved and because the *medical* opinion of this country has undoubtedly been swayed by this event to a much greater degree than its inherent significance should warrant. Only a few weeks ago a practising medical man said to me "Ah, but you know, all this is really illegal although the authorities may wink at it—look at the case of DR. H. A. ALLBUTT and what happened to him!" So do misconceptions persist! The publication and spread of contraceptive information has *never* been illegal in this country (see p. 336) but as various very unpleasant things did

happen to DR. H. A. ALLBUTT it may be useful clearly to state them and thus, perhaps, to prevent further confusion of the same sort in medical circles.

DR. H. A. ALLBUTT's name was erased from the Register by the General Medical Council, because he published the *Wife's Handbook* "at so low a price." And the Royal College of Physicians of Edinburgh charged him with having "published and exposed for sale an indecent publication, titled *The Wife's Handbook*, and having published, as attached thereto, advertisements of an unprofessional character, titled 'Malthusian Appliances.'" On reading his book one wonders whether the Medical Council also was not influenced by the rather blatant advertisements associated with it, and by the frequency of the advice given in it to use things of ALLBUTT's own make, as for instance on p. 48, speaking of the sponge "lathered with Quinine Soap (ALLBUTT's)" and later on (p. 51) "When any difficulty is experienced in introducing the RENDELL's 'Soluble Pessary' as far as the mouth of the womb, I would advise the use of DR. H. A. ALLBUTT's 'Introducer.'"

DR. H. A. ALLBUTT himself might have answered that unless you give very explicit instructions to the poor you do not help

them, and this is true ; but I cannot help feeling that it must have been points like this in the book, in addition to its cheap price, which led to the "persecution" of which DR. H. A. ALLBUTT gave a full account in a booklet* detailing his own position and the wrongs done him.

DR. H. A. ALLBUTT himself first took his case to the Law Courts, and brought an action for damages and restoration to the Medical Register. This was tried in the High Court (Queen's Bench) before BARON POLLOCK. The Judge *non-suited* him because malice had not been proved, and DR. H. A. ALLBUTT also failed in his appeal. He was subjected to a number of petty annoyances which he described fully and which he considered a persecution, and to expose which he wrote and lectured publicly. It is important, even in the present day when this case is remembered, that medical men should note that it was of *persecution* and not *prosecution* that DR. H. A. ALLBUTT complained, and that he himself was the one who brought the case before the Law Courts.

* H. A. ALLBUTT (1888) : "Artificial Checks to Population : is the Popular Teaching of them Infamous ? A History of Medical Persecution : an Address delivered at Leeds, Bradford, Pudsey and Morley. February, March and April, 1888." Pp. 35. 14th ed. London, 1909.

This, however, was sufficient to check public expression of medical interest, and following after the Bradlaugh trial (which had so linked the subject with Atheism), and in conjunction with the general unpopularity of the Malthusian League, all together resulted in a severe set-back in this country to public expression in favour of the subject of contraception. The clergy became active in opposing an "atheistical and materialistic doctrine," and the doctors kept silence, so the closing years of the nineteenth century were not times of progress or inspiraton.

CHAPTER XI.

Contraception in the Twentieth Century in English-Speaking Countries.

As is indicated in the last chapter, reputable *public* advocacy of the theory and practice of contraception in English-speaking countries had suffered eclipse after the set-back of the BRADLAUGH trial and the incident of DR. H. A. ALLBUTT in this country, and the pressure of the Comstock Law in America.

Nevertheless, a revolt from the outlook on sex which was current during the latter half of the last century, though not co-incident with its close was contemporaneous with the rise of the modern attitude towards life. The pioneering endeavours to understand the general profundities of sex-life in modern conditions led by HAVELOCK ELLIS and FOREL at the close of the nineteenth and early days of the twentieth century, stimulated some of the younger generation to consider life freed from early

bias, and to discuss and inquire into the many urgent problems which should long ago have been the subject of medical research. EDWARD CARPENTER'S great literary skill and charm must also have influenced many* to view sex matters in a sympathetic and harmonious light.

With the beginning of the new century independent and intelligent utterances from irreproachable quarters in favour of control of conception began once more to be frequent.

In 1901 PROFESSORS PATRICK GEDDES and J. ARTHUR THOMSON in their popular and successful book said "Apart from the pressure of population, it is time to be learning (1) that the annual child-bearing still so common, is cruelly exhaustive to the maternal life, and this often in actual duration as well as quality; (2) that it is similarly injurious to the standard of offspring; and hence (3) that an interval of two clear years between births (some gynæcologists even go so far as three) is due alike to mother and offspring. It is time, therefore, as we heard a brave parson tell his flock lately, 'to have done with that blasphemous

* See for instance, EDWARD CARPENTER'S (1896) "Love's Coming-of-Age." Pp. 189. Methuen's edition. London, 1914.

whining which constantly tries to look at a motherless crowd of puny infants as a dispensation of mysterious providence.' "*

It became apparent from the changes in the distribution of the birth-rate that contraceptive measures were being used by the educated and professional people in this country, and the birth-rates for the doctors and clergy were so pronouncedly lower than they had been a couple of generations ago, and also so much lower than those of the unskilled labourers that it was very desirable to have definite data concerning the actions of the professional classes in this respect. The Fabian Society's inquiry, therefore, was of particular interest and value. This was conducted by a special sub-committee of the Society appointed in 1905 "to consider birth-rate and infantile mortality statistics."

The clearly marshalled facts elicited by the inquiry lead to the definite conclusion that: "The decline in the birth-rate is principally, if not entirely, the result of deliberate volition in the regulation of the marriage state."† The committee obtained

* P. GEDDES and J. A. THOMSON (1901). "The Evolution of Sex." Pp. xxx, 333. See p. 312.

† SIDNEY WEBB (1907). "The Decline in the Birth Rate." *Fabian Tract.* No. 131. 2nd reprint. Pp. 19. London, 1913.

"a voluntary census from a sufficiently large number of married people who could be relied upon to give frank and truthful answers to a detailed interrogatory." The results of the inquiry indicated that "the voluntary regulation of the marriage state . . . . has resulted in a higher degree of restriction of births" among the intelligent than among the population at large and "it is the differential character of the decline in the birth-rate; rather than the actual extent of the decline, which is of the gravest import." This conclusion is sound alike in science and medicine, yet, our legislators do not yet realize that this racially detrimental differential restriction will continue until responsible parenthood is set free from the overwhelming economic penalties it now entails.

Nevertheless, this, in my opinion the *central* theme of sociological interest in the present day, has received so far in this country totally inadequate consideration.

This idea, and the means for attaining the desired readjustment, have received some scattered consideration, and have recently again come to the fore, particularly in Australia, where the Piddington scheme forms so interesting a social experiment.

FOREL's work was translated into English,

and his great continental repute gave weight to his pronouncements in favour of contraception, as, for instance: "If unlimited reproduction is permitted, it is possible that existing space may be insufficient to meet the needs of the enormous multitudes of men which must result. The latter may then fall victims to famine and distress, as in the case of the Chinese, or the rabbits of Australia; and only disease, starvation, or slaughter can bring about a return to the normal condition. It must be obvious to every unbiased person that this is not *moral*. And as there are harmless methods of regulating the number of births, and to some extent the quality of the offspring, the just and proper use of these methods must be described as ethically positive. Everything is moral which makes for the happiness and well-being of society; everything immoral which prejudices or endangers it."*

DR. C. W. SALEEBY, in the first number of the *Eugenics Review*, said in 1909: "Let us, then, make parenthood the most responsible, the most deliberate, the most self-conscious thing in life, so that there should be children born to those who love

* FOREL, AUGUST (1908). "Sexual Ethics." Engl. transl. Pp. 62.

children, and only to those who love children, to those who have the parental instinct strongly developed, and who will, on the average, transmit a high measure of it to their offspring. In a generation bred on these principles—a generation consisting only of babies who were loved before they were born, there would be a proportion of sympathy, of tender feeling, and of all those great, abstract, world-creating passions which are evolved from the tender emotion, such as no age hitherto has seen."*

The distinguished Professor of Biology and Genetics, W. BATESON, F.R.S., both in the Herbert Spencer lecture† and in his presidential address to the Australian meeting of the British Association, touched on the need for birth control. In the former lecture he said "It is not the *maximum* number but the *optimum*, having regard to the means of distribution, that it should be the endeavour of social organization to secure. To spread a layer of human protoplasm of the greatest possible thickness over the earth—the implied ambition of many

* SALEEBY, C. W. (1909). "The Psychology of Parenthood." *Eugenics Rev.* Vol. i., No. 1., April, pp. 37-46. London, 1909.

† W. BATESON (1912): "Biological Fact and the Structure of Society." Reprint of the Herbert Spencer Lecture, Clarendon Press. Pp. 34.

publicists—in the light of natural knowledge is seen to be reckless folly. We need not more of the fit, but fewer of the unfit. A high death-rate is often associated with a high birth-rate, but happily a low birth-rate and a low death-rate are quite compatible with each other."

The year 1912 was of great importance to the modern movement for control of conception, for in the same year, SIR JAMES BARR, who was then President of the British Medical Association, endorsed Birth Control in his address,* and the American medical Doyen, DR. A. JACOBI also endorsed Birth Control, as President of the American Medical Association.† For the latter, the step was even braver than for the former, because in America contraception was against the law, which it never has been in this country.

SIR JAMES BARR said : "A selective death-

* SIR JAMES BARR, M.D. (1912) : President's Address, delivered at the eightieth annual meeting of the British Medical Association : "What are we ? What are we doing here ? Whence do we come and whither do we go ?" *Brit. Med. Journ.*, vol. ii, pp. 157-163. London, July, 1912.

† A. JACOBI, M.D. : President's Address before the American Medical Association, at the 63rd session, Atlantic City. "The Best Means of Combating Infant Mortality." *Journ. Amer. Med. Assoc.*, vol. lviii, pp. 1737-1744. Chicago, June, 1912.

rate which was, and is, Nature's method of eliminating the unfit has been at least partially suspended by our efforts." . . . . "We have made no serious attempt to establish a selective birth-rate so as to prevent the race being carried on by the least worthy citizens." . . . "We must raise up a vigorous, intelligent, enterprising, self-reliant and healthy race . . . we must . . . raise the banner of health with all the fervour of a new religion." . . "If this achievement is to be accomplished we must begin with the unborn. The race must be renewed from the mentally and physically fit, the moral and physical degenerates should not be allowed to take any part in adding to the race."

DR. JACOBI said "It has become an indispensable suggestion that only a certain number of babies should be born into the world. As long as not infrequently even the well-to-do limit the number of their offspring, the advice to the poor—or those to whom the raising of a large family is worse than merely difficult—to limit the number of children, even the healthy ones, is perhaps more than merely excusable."

"I often learn that an American family has had ten children, but only three or four survived. Before the dead ones succumbed

they were a source of expense, poverty and morbidity to the few survivors. For the interest of the latter and the health of the community at large, they had better not have been born."

The next year, 1913, was also notable, for it saw the opening session of the National Birth Rate Commission, which then began its sittings under the Chairmanship of BISHOP BOYD CARPENTER. The Commission consisted of dignitaries of the various Churches, medical men, social reformers and others, and held protracted sittings, issuing its Evidence and Report in 1917.* It was re-formed under the presidency of the Bishop of Birmingham and sat for two years more issuing a second Report and Evidence in 1920.†

These Reports were of the greatest value, as they ventilated the subject and the inquiry had been both detailed and explicit. Although some of the Commissioners were hostile to scientific contraceptive measures, all were favourable to the adoption of some

* The Report and Chief Evidence of the National Birth Rate Commission: "The Declining Birth Rate, its Causes and Effects." Second ed. Pp. xiv, 450. London, 1917.

† The Second Report and Chief Evidence of the National Birth Rate Commission: "Problems of Population and Parenthood." Pp. clxvi, 423. London, 1920.

measures of control of undesirable procreation.

Birth Control problems were thus stirring many of the serious thinkers of the day, and even yet the only society formed for public advocacy of contraception continued to be the Malthusian League. Handicapped by its "Malthusian" economics, the advocacy of this society was very partial and voiced the views of but a small section of the public. In forty years this League had succeeded in accumulating only 500 members (Quotation from their Annual Report). In 1913 the League, feeling that its theoretical advocacy of contraception should be supplemented by something more practical and directly useful decided to publish its "Practical Leaflet."* This leaflet gave much the same contraceptive information as was available in KNOWLTON'S, HOLMES', H. A. ALLBUTT'S and other pamphlets, but differed from them in being distributed free to all married persons who applied for it.

As this leaflet emanated from a serious Society, and not from a mere individual commercially benefiting from it, it carried

* "Hygienic Methods of Family Limitation." Issued by the Malthusian League without charge on signing a declaration. Single sheet.

with it a certain weight and authority. It is worthy of mention, therefore, that this leaflet gave a very brief and in most instances quite uncritical outline of a variety of contraceptive means, including without proper warning of their deleterious effects such methods as *coitus interruptus*, douching, and the use of the condom. Thus advocated, these physiologically harmful methods became even more widely used, and thus have undoubtedly lent a good deal of colour to the rumours, and some basis of truth to the contentions made by medicals, religious persons and others that "Malthusianism is harmful."

In 1915 when MARGARET SANGER, the American nurse, came over to this country to try to get support for her propaganda in the States, I obtained the signatures of several prominent people to a letter to PRESIDENT WILSON on her behalf, which led to the case against her being dismissed.* The following year (1916) MARGARET SANGER opened her first Birth Control Clinic in America, but, owing to the action of the Police it only remained open for a few

*For further details of this and other happenings in the States see V. ROBINSON, M.D., "Pioneers of Birth Control in England and America." Pp. 107. V.P.L. New York, 1919.

days. She gained however wide publicity for the *idea* of clinics and distributed large numbers of a practical pamphlet. In 1917 she founded the *Birth Control Review* as a monthly which is still running.

Meanwhile the subject had rapidly attracted increasing attention from responsible persons on the Continent, and indeed, all over the world, and expositions of its theory and practice became from now on so numerous that I can make no attempt to consider any save events definitely advancing scientific or medical knowledge, or of special interest in the rapid march of events in this country. ADELYNE MORE* gives a list which fills more than a page of small print of publications in Germany alone, all of which appeared in four months only of the year 1914 !

In this country, the year 1917 was an important year, partly because of the publication of the Birth Rate Commission's report already noted, and partly because of a fact not hitherto made public : in that year a well-known Manchester man drew up a detailed and practical scheme for the establishment of a birth control clinic at St. Mary's Hospital, Manchester, and offered

*ADELYNE MORE (1916) : " Fecundity versus Civilization." Pp. 52. London, 1916.

to provide for it personally £1,000 a year for five years, and at his death £12,000; *and it was refused.* Details of this plan are given more fully in Chapter XIV. For some time this money went a-begging, for although several other attempts were made to get suitable people to take it up, all were afraid to embark on the novel scheme.

In this year also, DR. KILLICK MILLARD* gave an excellent address on Population and Birth Control in the town of which he was the Medical Officer of Health.

I had written "Married Love" some years before it was published, but early in 1918 while the war was still raging, I felt that psychologically the time was ripe to give the public what appeared to me a sounder, more wholesome and more complete knowledge of the intimate sex requirements of *normal* and healthy people than was anywhere available. In this book, although very simply worded, were new observations and charts showing woman's *spontaneous* (as distinct from her induced or artificially stimulated) normal sex rhythm

*C. KILLICK MILLARD, M.D. (1917): "Population and Birth Control: Presidential Address delivered before the Leicester Literary and Philosophical Society.' Pp. i, 48. Leicester, 1917.

as a double wave in each menstrual month. This, and other data given, demonstrated not only the inherent liability to failure, but also some of the profounder reasons against various methods of control often practised. Concerning "Married Love," DR. HAVELOCK ELLIS the world authority on such matters wrote an article contributing evidence from other data from two cases of his own and concluded "it is remarkable that they should both confirm what we must regard as the two essential points in DR. STOPES's teaching : (1) the regular existence in women of a menstrual wave of sexual desire, and (2) the occurrence in that wave of two crests. This seems to represent the most notable advance made during recent years in the knowledge of women's psycho-physiological life."*

But before this, however, the medical press and the public had accepted the book cordially and the result was that in a few months I was inundated with requests both from the lay public and medical practitioners to amplify my brief references to contraception. Hence I wrote a short

* HAVELOCK ELLIS, M.D. (1919) : "The Menstrual Curve of Sexual Impulse in Women." *Medical Review of Reviews.* Vol. XXV, No. 2, pp. 73-77. New York. February, 1919.

account of contraceptive methods,* discriminating between the physiological and psychological uses and abuses of each in such a way as seemed likely to serve the individuals who had inquired of me. Personal correspondence on this point had become overwhelming, and I knew of no publication giving in a scientific spirit discriminating advice about contraception. The numerous publications that were available gave contraceptive information but all left the public to make an uninstructed choice between methods described without proper indication of the harm some methods might do.

The first edition of "Wise Parenthood"* appeared in the autumn of 1918. Had the Malthusian League's leaflet not been so very brief as regards useful methods, and so indiscriminate in its recommendation of various rather harmful ones, I should never have written "Wise Parenthood," but should have referred enquirers to that Society. So that one may fairly say that the modern movement for scientific consideration of, and critical advice

*MARIE C. STOPES (1918): "Wise Parenthood, a sequel to 'Married Love'; a book for Married People." With an introduction by ARNOLD BENNETT. Pp. viii, 32. London, 1918.

concerning, contraception revealed not only in the very large numbers who read my books, and the big public interest shown at the great Queen's Hall Meeting, but also by the formation of the Society for Constructive Birth Control and Racial Progress with its Medical Research Committee, were all definite reactions from "Malthusianism." The time was ripe, indeed over-ripe, for a consideration of the essential medical and physiological factors of contraception apart from a controversial cult of economics and party politics. In view of the light required by the millions needing to use contraceptive methods either for purely personal health reasons, or in the interests of the community, contraceptive physiology cried aloud to be treated scientifically. "Wise Parenthood" was, of course, only a preliminary sketch, but it served many medical practitioners as their textbook, for there was no other.

A very weighty *official* endorsement of the need for control of conception appeared about this time in Australia from the pen of DR. KNIBBS in an Appendix* to the

*G. H. KNIBBS: "Appendix A, vol. i, to the Census of the Commonwealth of Australia (applied to the data of Australian Census, 1911)." Pp. xvi, 466. Melbourne, Australia (undated on title page).

analysed census. This most valuable document is difficult to obtain in London, but should be known to all serious students of the movement.

The social aspects of the subject were of course of equal importance, and it was soon revealed (what one already suspected) that those most in need of contraception were the poor and most illiterate to whom even so simple a book as "Wise Parenthood" was either unobtainable owing to its cost, or a sealed book due to their own illiteracy. Many, therefore, asked me to write an even simpler account of the best methods for poor women. For this purpose I prepared a short pamphlet written in English so simple that not a word was beyond the understanding of the almost illiterate women of the slums.*

But even after all the expressions of public interest in contraception the medical profession still hesitated to play its proper part in investigation and leadership. On several occasions brief scientific statements about contraceptive methods, or correspondence drawing attention to certain psychological and physiological points of interest

*M. C. STOPES (1919): "A Letter to Working Mothers on How to Have Healthy Children and Avoid Weakening Pregnancies." Pp. 16. Leatherhead, 1919.

were barred by both the leading medical weeklies, as neither desired to open its pages to the consideration of contraception for fear of the embarrassing correspondence which it was anticipated might result.

I think one can see in this caution an aftermath of the persecution of DR. H. A. ALLBUTT, which has not yet been forgotten by the older men in the profession (see also p. 298).

In November 1918 the *Journal of State Medicine*, however, made a beginning, and published in full an interesting and important lecture delivered before the Royal Institute of Public Health by DR. KILLICK MILLARD, the enlightened Medical Officer of Health for Leicester.* In this, after concise and well-presented generalizations, DR. MILLARD gave details of the results of his private questionnaire to over 100 medical practitioners residing in four provincial towns. The inquiry was restricted to the use of the sheath and quinine pessaries. Of those who replied, fifty-two said these were *not* injurious and ten replied that they were. Further details

*C. KILLICK MILLARD, M.D., D.SC. (1918): "The Problem of Birth Control with Special Reference to the Public Health Aspect." *Journ. State Med.*, vol. xxvi, No. 11, pp. 321-337. London, 1918.

are, of course required: for, as I have already indicated (p. 125) I think the sheath is somewhat injurious. Nevertheless this attempt was most valuable as a revelation of an average sample yielding a preponderating number of doctors in favour even of these methods rather than the alternative of abstinence.

DR. MILLARD concluded "birth control has clearly come to stay, and whether we like it or not, we have got to reckon with it." Three years later these words, echoed by LORD DAWSON, were taken up by the Press, and the phrase "birth control has come to stay" might almost be described as an axiom of the present-day practitioner.

The Dean of St. Paul's in the same year published his "Outspoken Essays"* with its trenchant arguments in favour of control of parenthood.

In 1919, the very significant step was taken in America of the organization of the Voluntary Parenthood League, with MRS. MARY WARE DENNETT as its Director and a large number of influential men and women and some leading doctors as its supporters. The objects of the League were two-fold; to spread the valuable social idea that parent-

* W. R. INGE, D.D. (1919): "Outspoken Essays." Pp. 281. London, 1919.

hood should be voluntary and that *fit* persons should produce children fit to grow up to be useful citizens, and to inaugurate the necessary change in the Federal Law to rectify the harmful blunder in the Comstock law which made all written contraceptive teaching or literature (however abstruse and scientific) "obscene" and therefore illegal. The V.P.L. had a programme for the foundation of properly staffed clinics directly the necessary Federal Law change was made. American reformers have therefore been diverted into politics in the States, in order to get the necessary legislation through Congress. Meanwhile the rich and well-to-do all treat the law as a dead letter, but it is still effective in its operation against the poor and ignorant and against those who try to help them, and there were prosecutions from time to time, even of medical practitioners, for giving written instruction in contraceptives. As I write the Comstock Law is still in operation and has not been amended : the Voluntary Parenthood League however is gaining ground steadily. MARGARET SANGER, unfortunately, used her wide personal popularity for other purposes, and not only did not support the Voluntary Parenthood League in their demand for a Federal Bill, but even opposed this

demand* and asked for separate State Legislation. To pass the necessary legislation State by State in America would take a life-time ; while the Federal Law could be changed by one short Bill covering simultaneously all the States (see also p. 358).

In 1920 the world movement received a serious set-back in France, when a law was passed grouping contraception with abortion and making everything concerned with it *criminal*. Further details of this situation are given in Chapter XII, p. 360. This law demolished the French Neo-Malthusian League, and the veteran PROFESSOR HARDY was even placed under police surveillance and all his work stopped. The result of this virulently silly action against contraception was not the increased number of births for which the nation hoped, *but an increased abortion rate*.

To return to England, the year 1920 marked further progress. DR. KILLICK MILLARD presented an admirable Memorandum on Contraceptives to the Lambeth Assembly of Bishops† which must have done some good although their own final

* See the *Birth Control Review*, U.S.A., for 1921.

† C. KILLICK MILLARD, M.D. (1920 *not* published but circulated to all the Bishops) "Responsible Parenthood and Birth Control." Pp. 22.

memorandum on the subject was weak and misleading.

The Second Report and Evidence of the National Birth Rate Commission appeared in this year also, with its weighty arguments in favour of the principle of birth control* and its explicit statement, signed by the Commission as a whole, that "No persons who are likely to transmit any serious physical or mental taint should have children."

In March, 1921, my husband, MR. HUMPHREY VERDON ROE, and I materialized what had been a wish of many years on both our parts and established the first British Birth Control Clinic. Owing to the housing shortage we had been delayed, but obtained a small house in Holloway, London. This we fitted with the very simple equipment necessary, and we supported the service as a free clinic run without any charge and available for any married persons who came for help, although it was specially founded to meet the crying needs of the poor. The Nurse-in-Charge was a fully qualified midwife whom I had specially instructed in addition. Attached to the clinic as visiting

* Second Report of the Evidence, National Birth Rate Commission "Problems of Population and Parenthood." Pp. clxvi, 423. London, 1920.

specialist was DR. JANE LORIMER HAWTHORNE. We defrayed the whole cost ourselves, but as it was a movement not merely of medical but also of wide social interest, we asked a number of distinguished people representing a variety of different professions and schools of thought and of varied social interests to lend their names as patrons. Those who did so were as follows : WILLIAM ARCHER, ESQ. COUNCILLOR MARGARET ASHTON, M.A. SIR JAMES BARR, C.B.E., M.D. ARNOLD BENNETT, ESQ. DAME CLARA BUTT, D.B.E. EDWARD CARPENTER, ESQ. RIGHT HON. J. R. CLYNES, P.C., M.P. MRS. DESPARD. THE LADY GLENCONNER. SIR ANTHONY HOPE HAWKINS, M.A. DR. JANE L. HAWTHORNE. SIR W. ARBUTHNOT LANE, BART., C.B., M.B. THE LADY CONSTANCE LYTTON. SIR LYNDEN MACASSEY, K.B.E., K.C. LADY MACASSEY. AYLMER MAUDE, ESQ. SIR MALCOLM MORRIS, K.C.V.O., F.R.C.S. MRS. SAROJINI NAIDU. SIR ARCHDALL REID, K.B.E., M.D. RIGHT HON. G. H. ROBERTS, M.P. RIGHT HON. J. M. ROBERTSON, P.C. MISS MAUDE ROYDEN. ADMIRAL SIR PERCY SCOTT, K.C.B., K.C.V.O. DR. E. B. TURNER, F.R.C.S. MRS. ALEC TWEEDIE, F.R.G.S. J. HAVELOCK WILSON, ESQ., C.B.E., M.P. (Titles as in 1920-1.)

As I now write (1922) the Clinic has been running for a year and a half, and in addition

to interested visitors from many lands, as well as medical practitioners and nurses, we have had about fifteen hundred cases who have come personally for instruction, and thousands of correspondents. Further details will be found in Chapter XIV, p. 382.

The Clinic roused public interest and some enthusiasm, but still the medical profession appeared afraid to discuss the subject even in their own press, owing probably to the repressive leadership of a certain small number of members of the old school and the antagonism of the Roman Catholic practitioners. In the public interests I felt it wise therefore to give a public demonstration of the weighty and respectable opinion behind the movement for *constructive* birth control, and for this purpose, and also to celebrate the foundation of the Clinic, I convened a meeting in the large Queen's Hall.* The great auditorium was packed to hear the following speakers: RT. HON. G. H. ROBERTS, P.C., M.P. (in the Chair), DR. JANE L. HAWTHORNE, DR. KILLICK MILLARD, ADMIRAL SIR PERCY SCOTT, K.C.B., K.C.V.O., COUNCILLOR H. V. ROE, DR. MARIE STOPES, AYLMER MAUDE, ESQ. This

* See "Queen's Hall Meeting on Constructive Birth Control. Verbatim Report. Speeches and Impressions." Pp. 47. London, 1921.

strengthened the hands of those who were favourable to the movement, and initiated discussions which have sprung up in many quarters. The Women's Medical Federation held a series of meetings and discussions on the subject, followed by letters to the medical press. Shortly after our meeting the subject was opened to a lengthy correspondence in the *British Medical Journal* (August, 1921). This was carried on for several weeks and did much to reveal the extent of medical interest in the subject, though it was conducted with judicial impartiality and due space given to opponents. The *British Medical Journal* is to be congratulated in having taken this step.

During that same summer it seemed wise to consolidate the advance in public opinion and to form a Society for Constructive Birth Control which would give more stability to the idea of the *racial* value of control than could be achieved by one individual, however great the meetings which could be individually convened. Hence in July, 1921, the Society for Constructive Birth Control and Racial Progress was founded with the following as its constitutional objects :—

"The objects of the Society are (*a*) to bring home to all the fundamental nature of

the reforms involved in conscious and constructive control of conception and the illumination of sex life as a basis of racial progress; (*b*) to consider the individual, national, international, racial, political, economic, scientific, spiritual and other aspects of the theme, for which purpose meetings will be held, publications issued, Research Committees, Commissions of Inquiry and other activities will be organized from time to time as circumstances require and facilities offer; (*c*) to supply all who still need it with the full knowledge of sound physiological methods of control."*

Many socially and intellectually prominent persons became Vice-Presidents, including a number of distinguished medical men.

A special Committee for *Medical Research* in Contraceptives was organized, and now consists of the medical Vice-Presidents and additional members, some of whom were selected because of their impartial and scientific attitude towards the question.

The Research Committee comprises the following: SIR JAMES BARR, C.B.E., M.D. PROF. SIR WILLIAM BAYLISS, F.R.S. HAROLD

* The Society for Constructive Birth Control, *Honorary Secretary*, COUNCILLOR H. V. ROE, c/o The Clinic, 61, Marlborough Road, London, N. 19. See also p. 187.

CHAPPLE, ESQ., F.R.C.S. DR. JANE L. HAWTHORNE. NURSE MAUD HEBBES. GEO. JONES, ESQ., M.A., M.B., D.P.H. SIR ARBUTHNOT LANE, BART., C.B., M.B. SIR JOHN MACALISTER, F.S.A., F.R.G.S. SIR ARCHDALL REID, M.B., F.R.S.ED. CHRISTOPHER ROLLESTON, ESQ., M.D., D.P.H. DAVID SOMERVILLE, ESQ., B.A., M.SC., M.D. MARIE C. STOPES, D.SC., PH.D., F.L.S. DR. MATHER THOMSON, F.R.C.P.I. DR. E. B. TURNER, F.R.C.S. and PROF. E. A. WESTERMARCK, PH.D.

In October, 1921, LORD DAWSON OF PENN, did the cause a service by delivering his famous address to the Church Congress in Birmingham, in which he eloquently advocated Control of Conception. The address was later published in pamphlet form.* The day following I delivered the first Presidential Address to the new Society for Constructive Birth Control and Racial Progress, afterwards published as a pamphlet,† and the day following I sailed for America and addressed an enthusiastic audience in New York Town Hall on the invitation of the Voluntary Parenthood

* LORD DAWSON OF PENN (1922): "Love—Marriage—Birth Control. Being a Speech delivered at the Church Congress at Birmingham, October, 1921." Pp. 27. London, 1922.

† M. C. STOPES (1922): "Early Days of Birth Control." Pp. 32. London, 1922.

League of New York.* A few weeks later MRS. SANGER founded the American Birth Control League, of which she is President and held an American Conference.

The C.B.C. at its general meeting in November, 1921, passed the following RESOLUTION, to be distributed in convenient form to the poor or unemployed :

"Both to spare your own personal distress and to avoid bringing a weakly child into the world, it is important that all should realize that none should conceive in times of individual misery or ill-health. Of course, wherever a child is already on the way, the best must be made of it. But sound and wholesome methods of Birth Control (Control of Conception) are known, and advice will be given free by a qualified nurse to all unemployed married persons who present this slip at the Mother's Clinic, 61, Marlborough Road, Holloway, London, N. 19."

In the autumn of 1921 the Malthusian League in England opened a Welfare Centre at which, in addition to the ordinary work of such a Centre, Birth Control information could be obtained by the poor who asked

* "Verbatim Report of the Town Hall Meeting of the Voluntary Parenthood League." Pp. 23. New York, 1921.

for it. The League began 1922 by changing their Journal, the *Malthusian*, to a larger form and issuing it under the title *The New Generation*.

In May, 1922, a penny monthly paper for the C.B.C. was founded, the *Birth Control News*, principally because the ordinary daily press refused to publish the important statement by PROF. ROSS, the originator of the phrase "Race Suicide," that the phrase to-day should mean *unrestricted* breeding, for that was the real menace of the present.

In the summer of 1922 the Malthusian League arranged their fifth International Conference, which was held in London. Just before the Conference however, the Malthusian League dissolved and re-formed itself as the New Generation League. Various sections were organized for the Conference meetings, DR. C. V. DRYSDALE was President, and the following were the Chairmen of the various Sessions : MRS. MARGARET SANGER, of the Session on Individual and Family Aspects ; PROF. J. M. KEYNES, of the Economic and Statistical Session ; the REV. GORDON LANG, of the Moral and Religious Session ; PROF. E. W. MACBRIDE, of the Eugenic Session ; HAROLD COX, ESQ., of the National and International

Session ; MR. H. G. WELLS, of the Public Meeting ; DR. C. KILLICK MILLARD, of the Medical Session ; MR. NORMAN HAIRE, M.B., of the Contraceptive Session ; and PROF. KNUT WICKSELL, of the Propaganda and General Session.

The same year also saw the foundation in New York of the *Birth Control Herald*, a paper run by the Voluntary Parenthood League.

In 1922 appeared a most important book by CARR-SAUNDERS on the population problem, bringing together an immense amount of scattered data, and also demonstrating some of the fallacies of the theories of MALTHUS and illuminating the problem of *optimum* populations.*

As has been indicated from time to time the more advanced, the more imaginative and more compassionate of the medical practitioners have been throughout sympathizers with or warm supporters of the movement for Constructive Birth Control. Now that the subject has received so large a measure of public support and approval it is probable that advances in research and improvements in methods

* A. M. CARR-SAUNDERS (1922): "The Population Problem: A Study in Human Evolution." Pp. 516. Oxford, 1922.

may be anticipated, although the practical difficulties of these researches remain very great, and are the less urgent as methods already available are sufficiently satisfactory for the majority of normal people.

The first meeting of the Medical Research Committee of the Society for Constructive Birth Control and Racial Progress after full discussion came to the conclusion that no suggested line of research was urgent, though research in general on this subject was desirable, and that meanwhile the methods of the cap pessary, sponge, and quinine are harmless and efficient enough for most ordinary purposes.

The Malthusian League's "Practical Leaflet" was re-written in 1922 by MR. NORMAN HAIRE, M.B., who accepted the main theme of my book "Wise Parenthood," that an internal rubber cap worn by the woman is the best means of prevention, though he advocated the shape of cap called the "Dutch Cap" (see p. 160) instead of the small occlusive which I consider the best. Acceptance of the general principle of the cap, however, marks a definite advance.

In the last year or two far too many events of public interest and importance have occurred for them even to be noted,

and those interested in the current political and social aspects of the world-wide movement for controlled parenthood should read the *Birth Control News** regularly.

Events are now moving rapidly and, naturally with every advance comes a hardening of the well-organized opposition of the Roman Catholics. The Ministry of Health has not yet taken up its obvious duties in the matter of instruction at ante-natal clinics and Welfare Centres. Yet we are progressing indeed when we read in the Official Report of the Medical Officer of Health of a County the statement that† "The case appears to me to have been carried beyond the stage of arguing for or against birth control and to have reached the point at which legitimate birth control is accepted as being for the National good, and all that remains to be settled is the best means of control and the general education of the public on contraceptive methods" (p. 6).

The theme has now innumerable sup-

* *The Birth Control News*, a penny monthly, to be obtained direct from the C.B.C. or the Clinic, 61, Marlborough Road, Holloway, London, N.19. Complete sets date from No. 1, May, 1922.

† MEREDITH YOUNG, M.D. (1922): "County Palatine of Chester: Report of the Medical Officer of Health for the year 1921." Pp. x, 152. Chester, 1922.

porters, too many to mention here, and public events are moving towards sensible achievement.

I hope in this present book to have contributed something which will help to clarify ideas on the methods in practical use and make it easier to settle which are the best means to attain that control so obviously needed.

CHAPTER XII.

The Legal Position of Contraception in Britain, France, and America.

In Great Britain there is not and there never has been any law against contraception or the publication and distribution of contraceptive knowledge.

The presentation of this, as of every other subject of discussion in this country, is of course regulated by the ordinary considerations of decency and is covered by the Obscenity Laws. These, however, make no specific reference to contraception and it is properly on a level with any other physiological theme.

It is important that this fact should be realized because there are many misapprehensions, and even actual misstatements, in popular circulation about the matter.

Colour is lent to some of these misapprehensions by the fact that there have been from time to time individual prosecutions of one or two from among the many

persons disseminating contraceptive knowledge.

The most notorious of these was the BRADLAUGH prosecution in 1877. A full report of the trial "THE QUEEN *versus* BRADLAUGH and BESANT" is available in book form, as well as in lengthy reports in the *Times* of that date. Those who read these reports, however, should be aware of a fact which has been universally overlooked. The pamphlet for which BRADLAUGH and BESANT were prosecuted had been published and widely disseminated in this country for forty years or so, before it attracted the attention of the Police. Then an unauthorised Bristol bookseller added questionable pictures to an edition which was promptly suppressed. I found this point in ANNIE BESANT'S autobiography and it is a significant one, as it was the first link in the chain of the prosecution which to us must appear otherwise inexplicable. The bookseller did not desire to defend or to continue to publish the pamphlet, but BRADLAUGH who was then a prominent Atheist who had in several ways alienated public opinion, reprinted the pamphlet (without the illustrations) and wrote to the police drawing their attention to the fact that he was printing and selling it.

The Trial, "REGINA *versus* BRADLAUGH

and BESANT," opened on June 18, 1877, in the Court of Queen's Bench, before LORD CHIEF JUSTICE COCKBURN, and the jury returned curious answers which led to a verdict against the Defendants. Nevertheless, the penalties were not enforced and almost at once the verdict was quashed on appeal, and neither sentence nor further condemnation of the pamphlet took effect. Other reprints of the KNOWLTON pamphlet are still sold without let or hindrance.

Nevertheless, the reverberations of this famous trial have been tremendous, and have led, even to this day, to an entirely distorted view of the origin and attitude of what is now known as the "Birth Control Movement," and also to mistaken ideas on the legal position of propaganda on the subject which are difficult to eradicate.

As was made abundantly clear in Chapter X, throughout the entire 19th century, long before, during, and ever since the BRADLAUGH trial, physiological books and pamphlets giving explicit contraceptive knowledge have been published without attack.

DR. H. A. ALLBUTT'S interesting case has been already considered at length (see p. 298) and did not involve a prosecution at all.

In 1888 a prosecution was instituted

against MRS. BESANT's pamphlet in Sydney, New South Wales. The appeal came before the Supreme Court, and two of the three judges, SIR W. WINDEYER and MR. JUSTICE STEPHEN, decided for the pamphlet, and the former in judgment almost eulogized such work, saying "I see nothing in the language which an earnest-minded man or woman of pure life and morals might not use to one of his or her own sex if explaining to him or her what was necessary in order to understand the methods suggested by which married persons could prevent the number of their children increasing beyond their means of supporting them."

Opponents of progress still continue to frighten people into the belief that Birth Control is illegal in this country. Finding themselves wrong they are now endeavouring to make it so. The most recent case was that of the Roman Catholic M.P. for Ardwick, Manchester, at the close of the summer session in 1922, who asked a question in Parliament of the Prime Minister in which he deliberately described as obscene, literature having for its object the prevention of conception. The following is the verbatim report of the incident by Hansard :—

Birth Control.

"20 and 46. MR. HAILWOOD (1) asked the Home Secretary what steps, in the way of criminal proceedings, he proposes to take in order to check the seriously increasing output of obscene literature having for its object the prevention of conception ;

"(2) Asked the Prime Minister whether the Government intends to introduce legislation, on the lines of the French law of 1920, making it a punishable offence to publish or distribute books or pamphlets advocating or teaching the prevention of conception or offering for sale or advertising the sale of articles designed for the like purpose ?

"MR. SHORTT : It is the duty of the police to take proceedings in any case where books of an obscene character are being circulated, but it cannot be assumed that a Court would hold a book to be obscene merely because it deals with the subject referred to. There is no present intention of introducing legislation.

"MR. HAILWOOD : Is the right hon. Gentleman aware that many of these

books contain positively obscene drawings?

"MR. SHORTT: No doubt it would be a question of fact in each case whether a book was obscene or not.

"SIR J. BUTCHER: Is it possible, in this connection, to prevent the publication in the newspapers of very undesirable matter which is given in evidence in the Law Courts?

"HON. MEMBERS: '*News of the World*.'

"MR. W. THORNE: Is there anything published in any book worse than the proceedings in the Russell divorce case?"

In this country prosecutions of those advocating contraception have not been many. They have always depended on some accessory circumstance and have not been direct attacks on the subject itself. The most recent of any note was that of Gott, the Atheist and organizer of the so-called Liberator League which published a blasphemous illustrated rag, the *Rib-tickler*, in which obscene jokes were mingled with exhortations to take up contraception, and the provision of actual contraceptive knowledge. Gott was sentenced to imprisonment in Birmingham, but this prosecution

naturally has no bearing on the legal position of properly presented contraceptive knowledge.

Although the legal position in England is so perfectly free and untrammelled, nevertheless, there are legal dangers ahead from two principal sources. First, from the clerical fanatics who desire to shackle racial knowledge of all sorts in this country and who avowedly are endeavouring to have all contraceptive knowledge and literature made a penal offence. Exhortations, and incitements to Roman Catholic medical practitioners and others to sway public opinion against all contraception have become common.* Actual resolutions have been passed to this effect: for instance, at an important Conference of the Roman Catholic medical men, clergy and others in Glasgow, 1922, when the following resolution was adopted: "That in the interests of public morality as well as the health and welfare of the nation, we urge the Government to make it a penal offence to advertise the sale of contraceptives, to expose in shop windows and other places appliances for immoral purposes, and to publish or expose for sale any literature that

* See, particularly, such papers as the *Catholic Times*, *Catholic Herald*, and the *Universe*, for instance in July and August, 1922.

advocates birth control." The significance and menace of this kind of resolution have not, I think, been fully recognized yet.

Secondly, there is a certain, though I think small, section among the medical practitioners who desire to gain legal control of all contraceptive knowledge. This, for instance, was unequivocably stated by Professor McIlroy in her paper before the Medico-Legal Society,* although she had just said that "The knowledge of the use of contraceptives is now almost universal." She continued, "What attitude has the medical profession taken up with regard to birth control?" . . . "Perhaps it may be to the credit of the medical profession to say that it has hitherto avoided the open discussion of such questions from a sense of morality and purity. But the days are gone for holding aloof." . . . "We must find out scientific and reliable methods which we can keep under our advice and control. Surely, if the induction of abortion requires the presence of two members of the profession for its justification, the use of contraceptives should be controlled by similar ethical regulations."

* A. L. MCILROY (1921): "Some Factors in the Control of Birth-rate." *Trans. Medico-Legal Soc.* for 1921-22, pp. 137-151. London, 1921.

This dangerous and retrograde attitude should be carefully watched by those interested in the welfare of humanity : from the better element of the medical profession itself it will, I think find its greatest enemy, for the attitude of the enlightened practitioner is that of the Medical Officer of Health for Chester who so recently said "Birth Control is accepted as being for the National good and all that remains to be settled is the best means of control and the general education of the public on contraceptive methods."*

In America.

As might have been expected from a progressive community of persons of intelligent mind, America was one of the leading pioneers in the earlier dissemination of modern contraceptive methods. This, I think, will be apparent in the chapter on the history of the nineteenth century. KNOWLTON'S pamphlet itself emanated from America as did the great work of DR. TRALL in 1866 which, though a serious book, had an immense and popular success. Then in

* MEREDITH YOUNG, M.D.: "County Palatine of Chester Report of the Medical Officer of Health for the year 1921." Pp. x, 152. Chester. 1922.

the year 1873 into ANTHONY COMSTOCK's Law regulating obscenity the words "prevention of conception" were slipped, which led to very serious results in the United States of America.

The history of this error, so significant not only for the United States but for the whole world, is of interest. I am indebted to the publications of the Voluntary Parenthood League of New York for the information which follows:—

> For an exact half century the people of the United States have been the victims of a great error which Comstock and Congress unwittingly committed in connection with their commendable effort to free the young people of the country from contamination by those who were then trafficking extensively in smutty literature and inducements to sex perversion.
>
> Their error in judgment was to include in Section 211 of the Penal Code the two words "preventing conception." In their eagerness to abolish the promotion of the misuse of contraceptive knowledge in connection with morbid and irregular practices, they thoughtlessly framed the law so as to forbid all circulation of any knowledge whatever, thus making it in the eyes of the law just as much a crime for high-minded responsible married people

to learn how to space the births in their families wisely, as for the low, vicious or perverted few to spread information about how to abuse this knowledge in abnormal, unwholesome ways.

The Congressional Record of the short session of Congress which ended on March 4, 1873, shows beyond any reasonable doubt that Anthony Comstock himself had no intention of penalizing normal birth control information. He was simply so bent upon wiping out the shocking commerce in pornographic literature which so disgraced that period that he rushed headlong into the question of legislation without due consideration as to the results.

Quick Work.

The Comstock bill was introduced on February 11, 1873, passed by both Houses and signed by the President before the close of the session on March 4.

The Congress of 1873 would very likely have declined to push the bill through so speedily if it had asked for money, for even in those days appropriations were a problem, but a mere nothing compared to the battle for funds which so largely occupies the minds of our post-war Congress now.

CHAPTER TWELVE

HOW THE COMSTOCK BILL WAS PASSED.

Measure enacted without discussion in last few days of expiring Congress. Signed by President on final day, March 3.

The chronology of the history of the bill in both Houses is very brief. There was no discussion on the subject matter. There were no speeches delivered. The measure was a unanimous consent action in the Senate, and was passed under a suspension of rules in the House. There was no roll call on the passage of the bill in either House. It slipped under the wire for the President's signature on the very last day.

The sequence of events was as follows: In the Senate. The bill was sponsored by Senator Windom of Winona, Minnesota, and introduced on February 11.

The measure was referred to the Committee on Post Offices and Post Roads, and reported out without amendment, on February 13.

On February 14 the bill was recommitted to the Committee on motion of Senator Buckingham of Connecticut who thereafter took charge of the bill on the floor. It came promptly back the next day, amended and approved by the Post Office Committee, but neither the bill nor the amendment was discussed. Senator

Buckingham asked unanimous consent to take up the bill, saying, "I think there will be no objection to it." Senator Thurman of Ohio protested that it was too important to vote on without deliberate investigation, and asked that it go over. It did for two days.

On the 20th by unanimous consent the business of the "morning hour" was extended for ten minutes to permit discussion of the bill But the discussion was remarkably unilluminating as to the merits of the bill. Senator Buckingham offered an amendment which omitted the clause providing exemption for contraceptive information on prescription of a duly licensed physician, given in good faith. Two Senators asked Senator Buckingham to explain the difference between the amended version and the previous version. He evaded explaining.

Senator Hamlin of Maine urged that the measure be accepted as approved by the Committee and "not to tinker with it on the floor." Senator Conkling of New York insisted that the bill be printed as amended, "in order that we may know something at least of what we are voting upon." He said, "For one, although I have tried to acquaint myself with it, I have not been able to tell, either from the reading of the apparently illegible manuscript in some cases by the Secretary, or from private information gathered at the

moment, and if I were to be questioned now as to what this bill contains, I could not aver anything certain in regard to it. The indignation and disgust that everybody feels in reference to the acts which are here aimed at may possibly lead us to do something which, when we come to see it in print, will not be the thing we would have done if we had understood it and were more deliberate about it."

But there was no further discussion and the next day, February 21, the bill was called up and passed.

The history of the bill in the House is even more brief. On February 22 a message was received from the Senate that the bill had been passed and the concurrence of the House was requested.

On March 1 Representative Merriam of Locust Grove, New York, moved to suspend the rules and "take from the Speaker's table and put upon its passage the bill (S. 1572)." Mr. Kerr of Indiana moved its reference to the Judiciary Committee, saying "Its provisions are extremely important, and they ought not to be passed in such hot haste." Mr. Cox of New York inquired if debate was in order. The Speaker ruled that it was not. Mr. Merriam moved to suspend the rules and pass the bill. The necessary two-thirds vote to suspend the rules was polled, and the bill was passed without a roll call.

After the passage of the bill, Mr. Merriam obtained leave to print remarks on it in the Congressional Record.

Contraceptive knowledge was not once mentioned by any member of Congress on floor of either House during session when bill was passed penalizing the said knowledge.

No candid reader of the record of how this measure was presented to Congress and passed by the members without debate can possibly assume that the bill was aimed at the complete suppression of access to scientific contraceptive knowledge for normal use.

If that had been the aim of the bill surely some of the members would have been more insistent than they were upon discussing the provisions of the bill. For some years previous, excellent publications of a dignified and scientific sort had been increasingly circulated in the United States, notably the book by Dr. Trall which was sold in such quantity in the sixties that it would rank well as a "best seller" in present days. It would also still rank very high as an authoritative teaching regarding the control of conception if it could be published in full to-day.

The fact that the control of conception was not mentioned by any member in either House is most convincing evidence that their minds were not taken up with that question, but that they accepted on

faith the general aim of the measure which was to suppress gross indecencies.

People who well remember Comstock's procedure during the short session of 1873 have described his very effective way of getting support for his bill. He simply showed to the members of Congress whom he interviewed, specimens of the disgusting pictures and publications which were then in circulation and from which the publishers were deriving large profits. The stuff was so obviously outrageous and it was so revolting to know that it was being diligently spread among the youth of the country, that the response of the Congressmen to his proposed bill for making the matter unmailable was immediate. This is the outstanding fact which accounts for the ease with which the bill was put through without debate. Most of the members had been interviewed by Comstock, and while it was careless, it was at least understandable that they should take it for granted that the bill merely accomplished the suppression of nasty literature and information in accordance with Comstock's description of its aim, and that they should not realize the unfortunate blunder they were making by the sweeping inclusion of contraceptive knowledge.

The Federal Law was passed in 1873 and the now notorious Section 211 of the Penal Code reads as follows :

"Every obscene, lewd, or lascivious, and every filthy book, pamphlet, picture, paper, letter, writing, print, or other publication of an indecent character, and every article or thing designed, adapted, or intended for preventing conception or producing abortion, or for any indecent or immoral use; and every article, instrument, substance, drug, medicine, or thing which is advertised or described in a manner calculated to lead another to use or apply it for preventing conception or producing abortion, or for any indecent or immoral purpose; and every written or printed card, letter, circular, book, pamphlet, advertisement, or notice of any kind giving information directly or indirectly, where, or how, or of whom, or by what means any of the hereinbefore-mentioned matters, articles, or things may be obtained or made, or where or by whom any act or operation of any kind for the procuring or producing of abortion will be done or performed, or how or by what means conception may be prevented or abortion may be produced, whether sealed or unsealed; and every letter, packet, or package, or other mail matter containing any filthy, vile, or indecent thing, device or substance and every paper, writing, advertisement, or representation that any article, instrument, substance, drug, medicine, or thing may, or can be, used or applied, for preventing

conception or producing abortion, or for any indecent or immoral purpose; and every description calculated to induce or incite a person to so use or apply any such article, instrument, substance, drug, medicine, or thing, is hereby declared to be non-mailable matter and shall not be conveyed in the mails or delivered from any post office or by any letter carrier. Whoever shall knowingly deposit or cause to be deposited for mailing or delivery, anything declared by this section to be non-mailable, or shall knowingly take, or cause the same to be taken, from the mails for the purpose of circulating or disposing thereof, or of aiding in the circulation or disposition thereof, shall be fined not more than five thousand dollars, or imprisoned not more than five years, or both."

In 1909 Congress passed a further restriction making it illegal to transport by express or by any public carrier, all the things prohibited to the mails in Section 211. This new law became Section 245 of the Penal Code and read as follows:

"Whoever shall bring or cause to be brought into the United States or any place subject to the jurisdiction thereof from any foreign country or shall therein knowingly deposit or cause to be deposited with any express company or other common carrier for carriage from state, territory or district of the United States, or place non-contiguous to, but subject to the

jurisdiction thereof, or from any place in or subject to the jurisdiction of the United States through a foreign country to any place in or subject to the jurisdiction of the United States, xxxxxxxx any obscene, lewd or lascivious or any filthy book, pamphlet, picture, paper, letter, writing, print, or other matter of indecent character, or any drug, medicine, article or thing designed, adapted or intended for preventing conception or producing abortion, or for any indecent or immoral use, or any written or printed card, letters, circular, book, pamphlet, advertisement or notice of any kind, giving information directly or indirectly, where, how, or of whom, or by what means any of the hereinbefore-mentioned articles, matters, or things may be obtained or made, or whoever shall knowingly take or cause to be taken from such express company or common carrier, any matter or thing, the depositing of which for carriage is herein made unlawful, shall be fined not more than five thousand dollars or imprisoned not more than five years or both."

The measure advocated by the Voluntary Parenthood League would remove all the words which are underlined in these last two statutes.

Following the Federal Act of 1873 there was an epidemic of State laws on this subject, mostly modelled closely on the Federal law, until now there are only two

States in the Union which have not some sort of "obscenity" statute. These relatively free States are North Carolina and New Mexico. The Federal Act was not only a very prolific ancestor of all these State laws, but there was an extraordinary family likeness in the progeny. In half the States, the giving of contraceptive knowledge is definitely listed as a crime. In the other half of the States, by virtue of the Federal precedent, courts can declare it a crime to impart this knowledge.

The different States vary to some extent and the exact scope of the various U.S.A. State laws is given in the following compilation:

Twenty-four States (and Porto Rico) specifically penalize contraceptive knowledge in the obscenity laws.

Twenty-four States (and the District of Columbia, Alaska and Hawaii) have obscenity laws, under which, because of the Federal precedent, contraceptive knowledge may be suppressed as obscene, although it is not specifically mentioned. Obscenity has never yet been defined in law. This produces a mass of conflicting, inconsistent judicial decision, which would be humorous, if it were not such a mortifying revelation of the limitations and perversions of the human mind.

Twenty-three States make it a crime to Publish or Advertise contraceptive information. They are as follows: Arizona

California, Colorado, Idaho, Indiana, Iowa, Kansas, Maine, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Washington, Wyoming; also Porto Rico.

Twenty-two States include in their prohibition Drugs and Instruments for the prevention of conception. They are as follows: Arizona, California, Colorado, Connecticut, Idaho, Indiana, Iowa, Kansas, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, Washington, Wyoming and Porto Rico.

Eleven States make it a crime to have in one's possession any instructions for contraception. These are: Colorado, Indiana, Iowa, Minnesota, Mississippi, New Jersey, New York, North Dakota, Ohio, Pennsylvania, Wyoming.

Fourteen States make it a crime to tell anyone where or how contraceptive knowledge may be acquired. These are: Colorado, Indiana, Iowa, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nevada, New Jersey, New York, Pennsylvania, Washington, Wyoming.

Six States prohibit the offer to assist in any method whatever which would lead to knowledge by which contraception might be accomplished. These are: Ari-

zona, California, Idaho, Montana, Nevada, Oklahoma and Porto Rico.

Eight States prohibit depositing in the Post Office any contraceptive information. These are: Colorado, Indiana, Iowa, Minnesota, New York, North Dakota, Ohio, Wyoming (1).

One State, Colorado, prohibits the bringing into the State of any contraceptive knowledge.

Four States have laws authorizing the search for and seizure of contraceptive instructions, and these are: Colorado, Idaho, Iowa, Oklahoma. In all these states but Idaho, the laws authorize the destruction of the things seized.

Certain exemptions from the penalties of these laws are made by the States for

Medical Colleges	Medical Books	Physicians
Colorado	Colorado	Colorado
Indiana	Indiana	Indiana
Missouri	Kansas	Nevada
Nebraska	Missouri	New York
Ohio	Nebraska	Ohio
Pennsylvania	Ohio	Wyoming
Wyoming	Pennsylvania	
	Wyoming	

Druggists

Colorado, Indiana, Ohio, Wyoming.

Two States have no obscenity statutes, but police power in these States can

suppress contraceptive knowledge as an "obscenity" or "public nuisance," by virtue of the Federal precedent. These States are: North Carolina and New Mexico.

The Legislative Reform programme of the Voluntary Parenthood League is, by a short Bill, to effect a change in the Federal Law by removing the two words "preventing conception" from the Federal Obscenity Statutes and all State Statutes where they occur.

The Voluntary Parenthood League in America is a very strong organization with an influential backing and it is to be anticipated that in spite of technical obstructions which have hindered the progress of their Bill it must succeed in revising the Law before many years pass.

At present, however, in the United States the Post Office inquisition concerning contraception is very active and the extraordinary position has arisen of a medical man as Postmaster-General one of whose first actions was to advertise publicly his power to enforce the so-called Obscenity Laws regarding even private letters posted from a medical man to his patients!

The following bulletin appeared in all American post offices immediately after

CHAPTER TWELVE

DR. HUBERT WORK succeeded MR. WILL HAYS as Postmaster-General :

IT IS A CRIMINAL OFFENSE

To send or receive obscene or indecent matter by mail or express.

The forbidden matter includes anything printed or written, or any indecent pictures, or any directions, drugs or articles for the prevention of conception, etc.

The offense is punishable by a *Five Thousand Dollar Fine or Five Years in the Penitentiary or Both.*

Ignorance of the law is no excuse.

For more detailed information on this subject read Sections 480 and 1078 of the Postal Laws and Regulations, which may be consulted at any post office.

I may say that in the autumn of the year of grace 1922, I had not only a private letter, but a sealed registered letter, to a *medical* publisher opened under this act, and that it was not delivered to the addressee !

Nevertheless, the United States of America

at present are teeming with debased and illegal pamphlets and books of all sorts giving contraceptive information, and even my own work has been pirated, altered and sold broadcast.

Reference should be made to the publication of the Voluntary Parenthood League *The Birth Control Herald*, for incidents showing the immense illegal traffic in contraceptive information and its steady increase while the Comstock Law prevents the open and decent publication by scientific and medical persons of the knowledge which rich and poor alike are thus forced to obtain from daring pirates and profiteers, many of whom charge exorbitant prices for their illicit publications, while the trade of abortionist is commonly practised.

In France.

Until a couple of years ago there was no law against contraceptive knowledge in France, but at the same time the nation as a whole appeared not to be considering the subject in a very scientific or critical manner and there is no doubt that a number of rather harmful methods of procedure were prevalent. Possibly this fact added some weight to the arguments which were

specially devised to appeal to a nation war-jaded and with nerves somewhat shattered and anxious to re-populate its devastated areas, and so in the year 1920 an extra-ordinary Bill was passed making even scientific consideration of contraception a criminal offence. The translated text of the Bill is as follows

LAW REPRESSING THE PROVOCATION OF ABORTION AND THE PROPAGANDA OF CONTRACEPTION.

The Senate and the Chamber of Deputies are agreed the President of the Republic announces the following law, which is as follows :—

Art. 1. A term of imprisonment, varying from 6 months to 3 years, or a fine, varying from 100 fr. to 3,000 fr., shall be the punishment of anyone, who

either by Speeches in Public Places or by the sale, the putting up for sale, or by offering even privately, by exposition, by advertisement by distribution in the public way or in public places or by Distribu-

tion at Houses, by sending under wrapper or envelope or by transporting books, writings, pamphlets, announcements, advertisements, drawings, images, emblems

or by advertising medical cabinets or so-called medical cabinets

should have provoked the crime of abortion even if the provocation was not successful.

Art. 2. There shall be the same punishment for anyone who shall have sold : put up for sale, or caused to be sold or caused to be distributed, in no matter what manner, remedies, substances, instruments, or any kind of object, knowing that they are destined to commit the crime of abortion, even when this abortion had not been completed, nor attempted or even when these remedies, substances, instruments or objects, declared to be efficacious for abortion, were in truth of no use for carrying it out.

Art. 3. A term of imprisonment varying from 1 month to 6 months

and a fine varying from 100 fr. to 5,000 fr. shall be the punishment of anyone who, in the wish to propagate contraception, should have divulged or offered to explain, methods for preventing pregnancy or, more, to facilitate the use of these methods.

The same punishments shall be applicable to anyone who, by one of the methods numbered in Article 23 of the law of the 29th July 1881 should have devoted himself to contraception propaganda or to a propaganda against childbirth.

Art. 4. The same punishment shall be given for infractions of articles 32 and 36 of the law of the 21 Germinal year XI, when the secret remedies are indicated by pamphlets, announcements or any other means, as enjoying specific virtues for preventing pregnancy even although the indication of these virtues was untrue.

Art. 5. When abortion has been attained as the result of the actions or practices foreseen in Article 2 the dispositions of Article 317 of the penal code shall be applied to the authors of the same aforesaid actions or practices.

Art. 6. The Article 463 of the Penal Code is applicable to the above-mentioned crimes.

Art. 7. The present law is applicable in Algeria and in the colonies in the conditions which shall be determined by the rules of the public administration. The present law deliberated upon and adopted by the Senate and by the Chamber of Deputies shall be executed as law of the State.

Made at Rambouillet, 31 of July, 1920.

Signed P. DESCHANEL.

The Garde of the Seals, Minister of Justice.

Signed Lhopiteau.

The result of this law, of course, has been the break-up of the Malthusian League in France and the cessation of intelligent consideration of the subject; but the result has not been such an increase in births as the promoters of the Bill professed to desire. It failed at once and it continues to fail, and although live births have not increased abortions have greatly increased. DR. LACASSAGNE of Lyons, a very experienced sociologist, has estimated that now the number of abortions in France

is not less than five hundred thousand in a year, a figure which the *Catholic Times* rightly says is absolutely appalling, in comparison with the total of only seven hundred and fifty thousand actual births a year.

FRENCH MINISTRY OF LABOUR.
FIGURES OF BIRTHS FOR 1921.

In 1920, the year before the new law became operative, the births were, in excess of deaths, 159,170.
But in 1921, the year after the reactionary law against birth control, the number sank to 117,083.

But these figures are unduly high owing to the accession of Alsace and Lorraine.

"Natalité ! Natalité ! C'est un cri d'alarme !"

M. STRAUSS, French Minister of Hygiene, is actively investigating the causes of the continued decline.

The French papers are full of articles on the cause and cure of depopulation.

Its cure, however, will not be found to lie in making contraception illegal. No greater mistake could have been made, for contraception merely prevents undesired conception, leaving the mother healthy and potentially fertile, but the abortions

which are now so tragically numerous and so rapidly increasing leave the mother weakened often for life and thereafter incapable of having healthy children.

Poor France! Unless the 1920 law is swiftly revised she will be upon the dangerous slope of Race Suicide indeed.

CHAPTER XIII.

Instruction in Medical Schools.

Instruction in many of the subtleties of *normal* sex-life, and the physiological and psychological aspects of the controlled sex-congress in human beings should naturally form one of the more important themes of the education of medical students in all medical schools. Nevertheless in Britain (at any rate in the last generation or two) this subject has been so neglected that the majority of doctors who are now qualified and practising have received nothing in the form of training or instruction in contraception in the whole of their college courses. Such letters as the following testify not only to this fact, but to the deprivation which the practising medical feels when he comes in direct personal contact with the innumerable lives among his own patients whose health and happiness are jeopardized for want of such knowledge as he should have been trained to hand on.

No. 1002 (An M.B. and Ch.B.). "It is the fact that during the whole of my University training for my profession the subject of the control of conception was never mentioned. It seems to have been left for you to make this—in many cases necessary knowledge—available in a form suitable for the lay mind as well as the professional."

No. 1004 (an M.D.) "Although a medical man of some experience and supposed to be well-informed on these matters, I realize that I knew very little."

No. 1003. "Will you be so kind as to tell Dr. —— a method of birth control. He believes in judicious control in many cases but he only knows of the sheaths for men."

No. 1006 (an M.B., Ch.B.). "Although I am a medical man, at the time of my marriage five years ago (1915) I knew little or nothing of the abstruse problems of sex. During my medical course, at one of the most famous British schools, I received no instruction whatsoever on this subject—apart of course, from the ordinary training in midwifery and gynæcology. I should be obliged if you could give me your opinion as to the most hygienic and safe means of controlling pregnancy, as I am

frequently consulted on this subject and often feel at a loss as to what to advise."

No. 1051 (an M.B.) "Recently I gathered the only scientific knowledge of the subject of contraceptives which I possess from your 'Wise Parenthood.' As you are aware medical men have about as small a chance of acquiring such information as have the general public."

No. 1053 (an M.B.). "I take the liberty of writing to ask you what are the methods you advise in your Clinic? I have in my mind a case of two consumptives just married in whom I take an interest (patients of mine). They do not wish to have children for fear the disease, or tendency to it, should be transmitted. If you could let me know the means you use to prevent this I should be greatly obliged *and keep it secret.* I am a country practitioner of twenty years' standing."

No. 2045 (an M.D.). "Would you be so kind as to see a patient of mine at your Clinic and to give her some advice (or contraceptives). I have no idea where she should go."

No. 2001 (a medical woman). "In two years I have had three children and a fractured patella and I feel a physical and mental wreck. My husband and I are both

doctors but we seem to be hopeless ignor-amuses on this subject."

No. 101. (a medical practitioner). "I have just finished reading your interesting and instructive book 'Married Love': although a practitioner of twelve years, and a married man with four children, it has taught me many things I did not know before and concerning which many of our profession are ignorant. A question frequently asked in private practice is 'what means of prevention do you advise?' I have always advised *coitus interruptus*. You are evidently strongly of opinion that this has harmful effects, which are clearly pointed out in your book. [See fuller account p. 69 *ante*.] I would like to hear what method you consider most suitable."

No. 2023 (An M.R.C.S., L.R.C.P.). "Can you give me any help as to what answer to give my patients who ask as to the best and safest preventative? That question I get frequently and for a time I advised the simple douche but some patients and my own wife found it not reliable." [See p. 116 *ante*.]

No. 510 (a medical practitioner). "I have frequently to advise patients upon the subjects dealt with in your books, and am only too well aware how little we medical

men know with any degree of authority how to deal with such inquiries. It seems good for the public (even if a reflection on us medicals) that your work should have come from a biologist, rather than from 'pathological' sources. We medicals are *forced* in the present state of affairs to be menders of the broken rather than preventers of the breakages."

No. 2011 (an M.D., F.R.C.S.). "It will be very kind of you if you will help me. My son, who is about to marry, wants to act on your advice [*re* contraceptives] . . . I am rather at sea in such matters."

I have received hundreds of such letters and questions from fully qualified medical practitioners; but these should be sufficient to illustrate the fact that there is not merely a popular demand for instruction in contraceptive means but also that the medical profession itself as a whole lacks, and feels the lack, of such instruction. It must be, therefore, with mixed feelings that one reads LORD DAWSON'S preface to his pamphlet* wherein he says: "I have discriminated between the principle of birth control and the method of its application, the latter being preferably determined by the advice

* LORD DAWSON OF PENN. (1922) "Love—Marriage—Birth Control." Pp. 27. London, 1922.

of the family doctor rather than by the perusal of books in general circulation." True : but it would have been more just to have added that a very large number of medical practitioners have but recently derived their information from a book "in general circulation," viz., "Wise Parenthood."

It is possible that in some medical schools there has been individual instruction in contraception in the past, but I have not yet been able to find any record or any direct evidence of it except one verbal statement : when lecturing on contraceptive methods recently (1922) to the Medical Society of Charing Cross Hospital Medical School, my Chairman then said he had always given some instruction to his students incidentally as suitable opportunities arose in connection with their work. I should be glad to receive any other authenticated records of the same sort as I hope to be able at a later date to give a fuller history of the subject.

Since the publication of "Married Love" (1918) sporadically and unauthoritatively there have been isolated attempts at such instruction, and some lecturers have referred their classes to this book and to "Wise Parenthood." But the fact still remains

very evident, that the training for the medical profession is generally based on the foundation of an assumption that the medical practitioner is a doctor of *disease*. Hence that it is necessary for him (or her) to be trained in all that appertains to every common and as many rare diseases as the college years permit. True *preventive* medicine has not yet reared its edifice on the firm rock of a thorough understanding of and training in the requirements of normal health. The proper use of contraceptives, as being the greatest safeguard of the race in preventing weakness, induced, and inherited disease, is not yet officially recognized in the Medical Schools, although in many subjects less tinged with feeling and surrounded by ancient taboos than those involved in sex matters, this newer and sounder attitude is being widely adopted.

In March 1922 I sent a special letter of inquiry to all the leading Medical Schools in Great Britain asking whether any classes or lectures on contraception were available for their medical students: most of these sent replies, either from their respective Deans or Secretaries and *all* (with one exception) replied with a categorical negative. A typical reply was as

follows "The subject you mention is not included in our Prospectus, nor are lectures given on it by any of the Medical Lecturers or Professors." A big school replied "there are no classes or lectures on the subject of contraception for the students at this medical school, nor is it at present the intention of the authorities of the school to institute any classes or lectures on this subject." Another added, "I think I may say, that such information would not be required of students before their Final Examination, and for that they are prepared in the departments of Surgery, Medicine, Obstetrics, and Gynæcology."

The one exception was particularly intriguing: the Royal Free Hospital School of Medicine for Women replied "the question of the Prevention of Pregnancy is dealt with in the Obstetrical and Gynæcological Unit of the Royal Free Hospital when the occasion for the necessity of its discussion arises." As this, therefore, appeared to be the *only* enlightened Medical School in our country I wrote again and received the personal reply of PROFESSOR LOUISE MCILROY that "There are no special classes held on the subject of Birth Control in the School. The question of the prevention of pregnancy is dealt with in indi-

vidual cases of patients, and the students are instructed accordingly." In connection with this one must note PROFESSOR MCILROY'S lecture on contraception* and also that more recently there have been widely reported in the ordinary press her other pronouncements of opposition to the general spread of knowledge of contraceptives.

No science is more swayed by public opinion and guided by public demands than Medicine, and there is every hope that as the great public awakens to the need for instruction in normal healthy sex procedure so will it become possible for research into normal behaviour to establish a true Faculty of Preventive Medicine. This must be grounded on the very basis of all true antenatal preventive work (important though that be) and goes really to the *root* of the matter by securing for the community, almost without exception, that conceptions shall be potentially healthy and favourable, or shall not occur.

Regarding the actual instruction in medical schools in this subject, as I have had a good deal of experience of academic

* A. L. MCILROY, M.D. (1921): "Some Factors in the Control of the Birth-Rate." *Trans. Medico-Legal Soc.*, vol. xv, pp. 137-153. London, 1921.

teaching in the Universities,* one or two simple suggestions resulting from that experience may be useful.

In order that undergraduate students should take the subject seriously, it is necessary that it should be specifically named in the syllabus of all the Medical Schools. It should, I think, occur *both* in the groups of subjects under Preventive Medicine, and also Gynæcology. There should be a question on some aspect of contraception in one of the examinations every year or two, or the students will not set themselves to master the details.

Ideally the subject should be considered in a full course dealing with all the leading physiological and psychological reactions of normal healthy persons in marriage. Some day this may be possible, it is not at present.

Meanwhile were I asked at once to plan an adequate course of instruction for the syllabus of a first-class medical degree I should stipulate that the students came for the special lectures on contraception *after* they had already assisted at at least two or three actual births, and hence had the

* In addition to my undergraduate, advanced, and research students for palæontology, for three years I taught classes of about sixty medical students for their general biological laboratory work at one of our big Universities.

necessary ground work on which to build the special detail required. There should then be not less than three lectures of one hour each illustrated by diagrams and the display of the actual preventive appliances. Thereafter each student should spend not less than six periods of two hours each at the birth control clinic working with the experienced midwife nurse and doctor in charge and thus gaining practice in the insertion of the necessary caps, &c., and also some understanding of the difficult cases which are of such frequent occurrence among the poor who have become to some degree abnormal through over-childbearing.

I well know how crowded college terms are; and the outcry always raised against any new intrusion into the packed syllabus, nevertheless, those training our future medical practitioners should bear in mind that there is no single health measure so important to the community at large as this.

Such a course is the *minimum* which in my opinion is essential for every medical practitioner to have passed through while training. Later on a more advanced course of lectures of "Intercollegiate" standard would probably be arranged from time to time for those specializing in either gynæcological or domestic practice.

CHAPTER XIV.

Birth Control Clinics.

Before indicating the ideal, or even describing the actual, birth control clinic in this country some further mention ought to be made of the pioneer Dutch clinics already noted in the historical section.

In Holland the first birth control clinic in the world was founded and carried on by dr. aletta jacobs (see also p. 297 *ante*) and arising out of this grew a widely-extended service of clinics, staffed with specially trained nurses, in a large number of Dutch towns. In a recent letter to me, dr. rutgers of the Dutch League wrote: "In all large towns we have sub-divisions, as local centres for spreading knowledge. 7,000 members support us by their annual contributions. Moreover, we have educated many nurses to help women in the application of appliances, who give their consultation hours (at our clinics) where well-to-do people pay full, and poor people are helped for less, and even in some cases

Reception Room. The Mothers' Clinic for Constructive Birth Control.

PLATE I.

gratuitously." "Now when information is asked by post we send in suitable cases the practical leaflet giving a minute description of all methods of prevention. We send it cost free and post free to every sincere applicant giving his address and the names of himself and his wife (or herself and her husband) ; we send it as printed matter that cannot be opened by the way. Last year we spread 5,600 copies in Dutch, and many also in foreign languages."

The nurses at the various Dutch clinics not only advise individual women as to the best method to employ, but also supply them with a well-fitted pessary, and teach them how to adjust, remove, cleanse and care for it, and for this make only a nominal charge of about half a crown. They advise also against abortion and the use of drugs, and give general instruction in sexual hygiene.

It seems a very remarkable thing that clinics which have been so successful have not been universally adopted by all civilized countries.

The American attempt to imitate them in 1916 was at once stopped by the police, and when I visited New York in 1921 and spoke at an influential private meeting, although a sufficient sum was subscribed

by American ladies that afternoon to open and support a clinic, a way devised to keep it technically within the law, and the management left in very influential hands, the actual clinic has not yet materialized (1922, Nov.).

People interested in control of conception in England have talked for years of the need for clinics, but no very definite attempt to found one was made till 1917. Then the offer by MR. H. V. ROE, the aviation pioneer, of support for a birth control clinic, to be attached to St. Mary's Hospital, Manchester (already mentioned on pp. 314 and 324), was accompanied by a detailed statement of suggestions for the proposed foundation, among which the following is of sufficient interest to be put on record.

Dated 1917, the schedule was as follows :—

The proposed—

"BIRTH CONTROL CLINIC.

"*Organization.*

"*Staff.*—Male Doctor for male patients and Female Doctor for lady patients. Both should visit Holland gaining a few weeks' experience with DR. J. RUTGERS at the Hague and with DR. ALETTA JACOBS at Amsterdam.

" *Patients.*—

" (*a*) All women who have experienced serious shock or danger in childbirth.

" (*b*) All parents who are obviously suffering from hereditary disease or defect or too debilitated.

" (*c*) All married people whose economic conditions obviously preclude their doing justice to more children.

" (*d*) All married men and women who ask for it.

" (*e*) Midwives and nurses should also be instructed.

" *Methods of Instruction.*

" By printed pamphlets clearly describing the best contraceptive methods and precautions, and the cases in which birth control should be exercised.

" By demonstrating the use of Mensinga and other pessaries, douching, &c.

" Special information to those suffering from venereal or other hereditary or contagious diseases as to importance of avoiding conception and the precautions which may be taken to avoid communication to wife or husband.

" Special information in case of malformation.

"Information concerning the obtaining of the best and most economical appliances.

"*N.B.*—A stock of pessaries, syringes &c., for free distribution to poorer patients and for purchase should be available."

The first Clinic actually to be founded in Britain however, was not attached to a hospital, but was opened as an independent institution, and this scheme therefore was modified to some extent. The actual British Birth Control Clinic is less a copy of the Dutch model and has more individuality of its own than might have been the case had not the physiological and constructive side of control of conception received special attention in England just about the time the Clinic was founded.

Although my husband and I were the founders of the first British birth control clinic, nevertheless I do not consider that more birth control clinics *as independent institutions* should be necessary. The obvious and proper places for the poorer classes to obtain contraceptive information are the Ante-natal Clinics and the Infant Welfare Centres, which they may be attending. All the necessary machinery for the distribution of contraceptive knowledge to the poor we have already in these centres and clinics. But it is lying idle for want of the national

will to use it. Ante-natal and welfare centres are now provided in almost every district and subsidized by the Government, and they possess almost all the necessary equipment already. The few additions that they would need would be official encouragement, a breath of beauty and inspiration and the determination to have on the regular staff only such medical men (or preferably medical women) as are versed in contraceptive details and who possess so sympathetic a manner and attitude as to encourage the confidences of the timid inquirers who come and need help in the very intimate details which so often surround the problems of contraception and the marital relation.

Medical knowledge pure and simple is for these poor women *not* sufficient. They need deep personal understanding and help, not only instruction in the use of the method which will secure them freedom from conception, but also sex-lore which might make possible for them something like a normal sex life with their husbands, a happy state of affairs which is so incredibly difficult in the majority of poor homes to-day.

In the present transient stage of British society the one, first, birth control clinic as an independent institution was absolutely necessary. It may not be a permanent

institution. But until many further reforms take place, both in society itself and in the details of our medical service, it is necessary that there should be not only this, but also many other centres in which experts in contraceptive measures are to be found by those who need their assistance, and who are not able to get adequate information in other ways. More especially for the really poor and very overburdened mother and the typical slum dweller who neither travels nor reads is the presence of a sympathetically staffed clinic, *not too remote from her own dwelling*, of great importance in guarding her own health and in the interests of the race. Unless experience in the clinic has brought first-hand knowledge of how some of the poorest women live it may not be realized how impossible it is for many a working mother to go any distance from home even for one day.

The patrons and staff of the Clinic have already been recorded (see Chapter XI, p. 324).

The simple equipment of this actual Birth Control Clinic* (which has accomplished successfully a year and a half of work) may be described, as it may prove helpful to

* "The Mothers' Clinic" at 61, Marlborough Road, Holloway, London, N.19.

61 The MOTHERS' CLINIC 61
BIRTH CONTROL NEWS
CHOCOLATE

those desirous of having such a centre in a district too remote to make it possible for the promoters to visit the Clinic in London.

Two rooms are sufficient but three are desirable. The present clinic is worked with three small rooms and a fourth available for storage, filing and so on. The room space of any ordinary welfare centre should be adequate.

In order to make access to the existing clinic inconspicuous and easy, the ground floor and a small shop in an ordinary quiet thoroughfare in a poor district were secured, the shop window curtained off and the name, "The Mother's Clinic" painted on the shop front. The shop itself forms the outer reception room and its furnishing and decoration were specially chosen to have a psychological effect, namely that of health and sanity and as far as possible *beauty*. The accompanying photographs give an adequate indication of the Clinic which depends so much on its colour scheme for its attraction. The parents visiting this clinic are desired to feel that they come not to discuss disease, nor to be subjected to an operation but to discuss in an inspiring way in attractive surroundings one of the greatest and one of the most racially vital questions which arise in their lives. The colour scheme is clear

bright blue and white and the furniture that of an ordinary room with blue-toned pictures on the wall. The nurses wear a blue and white uniform : both are fully qualified midwives. The personality of the nurse-in-charge is a very important factor in handling cases, particularly of women who are very unhappy and of an undermined temperament such as the weary workers of the slums. The Clinic is open daily and twice a week is open late in the evening so that the husbands, if they desire to do so, can come with their wives after work hours. No letter of introduction is necessary, and no fees are taken. Any mother or father who desires to do so can walk in at any time.

The procedure is as follows : After the case is talked over and general help and advice given, if definite instruction in the use of the cap or other preventive is found necessary, the nurse takes the inquirer to the inner room which is more severely furnished and provided with an examination couch, wash-hand basin, disinfectants and a screen. Here, particularly if the cap (as is usual) is the method of control advocated, the nurse makes a simple digital examination (of course wearing rubber gloves and disinfecting adequately) to ascertain whether the uterus is in the normal position or

whether there is serious prolapse, or any injury or malformation of the cervix. Where malformation or any difficulty or abnormality is detected an appointment is made with the visiting medical specialist who advises various methods according to the needs of each case In normal simple cases, after digital examination to verify the normality, the nurse can generally estimate the size of the cap advisable. A cap is then inserted and the woman shown the proper posture, squatting on her heels, and slightly bending forward. The cap is then removed and the woman told to insert it herself, to move about and then to allow the nurse to feel whether it has been placed properly and reliably. Few women require a second instruction, but the friendly atmosphere of the Clinic and the sympathy of the nurse encourage them to come again if any difficulty arises.

The correspondence and secretarial work of this Clinic are done partly in the outer reception room and partly in the third room. The correspondence and demands for help from a distance would be almost non-existent were such clinics available in every district. At present this one Birth Control Clinic serves not only London but Great Britain, and even Greater Britain, and also

to some extent even foreign countries in all parts of the world, so that the correspondence is unduly heavy in this pioneer Clinic. Individual inquirers by post are answered so far as possible, but in a general way all that can be done in regard to inquiries from a distance is to send them a copy of the simple pamphlet entitled "A Letter to Working Mothers" with any supplementary advice and help which may seem necessary, and to instruct them where to obtain the appliances from reliable firms rather than to submit themselves to the extortion and dishonourable dealings of too many of the so-called "rubber shops" and doubtful retail chemists.

As was indicated in the preceding pages this Clinic handles birth control from its broadest and truest aspect, namely that of "CONTROL" which implies the use only of methods which leave later conception potentially available, and also implies the positive side, namely, the inducement of conception where couples are childless and desire children and are themselves healthy. This positive side of the Clinic's work, of course, requires a much wider knowledge than is necessary for the use of the simple contraceptive measures, and it is interesting that even in the short time that this aspect

has been accentuated, a considerable number of persons desiring children have used the Clinic with benefit. Unfortunately, however, far too many who come are childless due to long cured venereal disease or some other fundamental sterilizing influence which makes it impossible to render assistance. Yet it is surprising how many also come whose childlessness is due to lack of sex knowledge and who can therefore be rendered fertile by simple methods which they themselves are able to carry out. It may appear incredible but I have had one or two cases even of perfectly intelligent normal people who did not know how coital penetration was effected and who had been married some years. In many cases, however, some elementary lack of adjustment in the coital act is at fault and can be put right by very simple and direct instruction. In a book on contraception, however, as distinct from *Constructive Birth Control*, a discussion of this aspect of the Birth Control Clinic is out of place.

After careful consideration it was decided that, desirable though it would be to have the fullest and most elaborate details recorded about each patient who used the Clinic, yet it is humanly impossible to ascertain all the facts a scientist might wish for without

thwarting the object of the Clinic and frightening away the people who most need help and whose whole temperament and outlook are disposed to make them shrink from and fear any kind of categorical inquiry.

In designing the case sheets therefore it was endeavoured to draw the mean between a standard of impossible though desirable detail, and the minimum of those factors which might prove useful in any future consideration of the case. The case sheets have spaces for the Number, Name, Address, Husband's name, Age at Marriage, Husband's Age at Marriage, Date of Marriage, and twelve columns for the births already existing, with spaces for the Date of each Birth or Miscarriage, a note whether still living or dead, and the Duration of Pregnancy. Also further notes on the Mother's history, Father's history and details about the children, if these are volunteered. It should be remarked that quite often the twelve columns are not sufficient for the pregnancies when abortions and miscarriages are taken into account, as, of course, they should be in every consideration of woman as mother.

It should be noted that from the point of view of economy and convenience of filing, the sheets were made the same size

as an ordinary quarto sheet of typewriting paper. They are so arranged as to be folded backwards in half and filed with the folded edge uppermost, which gives each the necessary stability to form a convenient file on the card index system, and also makes it possible for the nurse to withdraw the record from the file on a second visit from the patient and consult it without the patient perceiving the nurse's more intimate comments on the case which are folded on the inner side.

As it is possible that those who practise among the wealthy classes may have forgotten their student training in the slums, and still feel that birth control information is not required, the following few sample letters from among our many hundreds are selected as typical of the misery and anguish, to say nothing of the national wastage involved when working women are left unaware of methods to control their conceptions ; other cases have been given on pp. 29 and 368.

No. C.C. 10. "After reading *Lloyd's News** to-day, I felt I must sit down and ask your help. I cannot get down to you, or I would like to. Birth Control I cannot understand. I am the mother of ten, nine born alive, one premature through the

* Giving a journalist's account of the foundation of the first Birth Control Clinic.

raids. My eldest 24 in August. My baby 1 year 9 months. We are poked up in three rooms because we cannot afford more rent than 11s. 6d. I own the eldest is living away as barman but is home rest times. Do you think it decent for me to have more babies? Yet I have nearly poisoned myself with drugs to keep them away. Again the unpleasantness between my George and I are awful, for I fear I will drive him to other women in my fear of having kiddies. So after reading about the Mothers' Clinic I had to write to you. We cannot keep those we have got as they should be kept. I have tried hard all my married life. George earns £3 a week, one girl 19 gives me 15s., the other 16 is doing two days a week, then there is Harry, Sonnie, Bubbles and baby. Can you imagine my struggle? If you would write references to the truth of this write to Mrs. —— [full address given], she will tell you, but of course she don't know I am writing as she is very good and says I ought to be proud of the gift of babies, but I am so tired of them, all these years babies, babies. So please tell me if I can help having them."

No. C.C. 23.—"I trust you will excuse the liberty I am taking in writing to you,

but I must say it was with the greatest pleasure I read about you in the article in *Lloyd's Sunday News*, but my one regret is that this has not been brought forward sooner or it may have saved me months of misery, but I really ought to explain my position. I am a railway signalman with only a small wage. I have been married between eight and nine years and I am now left with five little children, the last one proving too much for my poor wife's strength, and now the poor woman is in —— Asylum, but happily is recovering nicely from her mental breakdown. She has now been there a matter of ten months, and I must leave you to imagine my awful misery and sometimes the thought that it is my fault ; it is very hard when one has tried their best. I understand that there is now a likelihood of her returning within the next few weeks, and the doctor informs me that there must be no more family (and God knows I do not want any more for I have more now than my wage will keep properly), or he would not say what the consequence would be, but yet he never offers any advice, so seeing your letter and the article I decided to write to you. If I have taken too much liberty in doing so I trust you will excuse me and this I am sure

you would if you had only seen how my little children have missed their mother this last ten months you would then understand. May God bless your work and may it prosper for the sake of the poor."

About six months after the Constructive Birth Control Clinic was opened, the Malthusian League opened a Welfare Centre at Walworth where birth control information is given on demand in addition to the usual Welfare Work. The Centre is in charge of MR. NORMAN HAIRE, M.B., who uses chiefly the Dutch cap. The objections to this for normal people have already been noted (p. 162). The Centre, however, attracts the very poor and neglected types of women and it may be that an unduly high proportion of these are injured so as to be unable to wear the cervical cap.

There are many demands for other Clinics and Centres in poor districts. Once a Birth Control Clinic is established in every district, as it should be, and once the cases where the women themselves are intelligent enough and only too eager to use methods of contraception have been dealt with and supplied with knowledge and appliances, there will remain the urgent racial problem of dealing with those who

from every national point of view ought not to produce the unhealthy and degenerate infants which they are now producing and who therefore should be sterilized. Whether future developments will associate a sterilizing Department with the ordinary Birth Control Clinic is, in my opinion, doubtful. The best procedure seems to me to hand on the sterilization cases to the ordinary Surgical Departments of the Hospitals prepared to receive them in their surgical wards. For this, of course, public opinion must also press, as the average surgeon is still afraid to be known to take on sterilization cases.

Meanwhile the foundation of pure contraception among the poor has been laid, and there has been for a year and a half a Birth Control Clinic in active work in England, which has given help not only to over fifteen hundred women personally, and to thousands by correspondence, but also to a large number of nurses, health visitors, welfare workers and medical doctors, who have spread and handed on knowledge gained there. This Clinic was founded to inform those who so badly needed its help, and to crystallize and advance public opinion, and is for that very reason debarred from experiment in new contraceptive

measures or from testing the results of novel researches. The poor women who come so trustfully for help must be given information which is at any rate as reliable as anything available at present. A group of better class and perhaps more intelligent women to whom an unexpected pregnancy is less of a disaster could perform very useful social service by placing themselves in communication with the Clinic in order to test new methods which might be devised.

The practice of contraception is in many ways the connecting link between health and disease. When used by the normal individual as a health measure its essential value and purpose is to keep that individual healthy and out of the hands of the doctor, yet it often shows the *need* for medical attention which has been overlooked.

The prime object of the medical profession being the health of the community, a full knowledge of contraception should be one of the doctor's most useful adjuncts. When used by diseased persons contraception becomes the great preventive measure to arrest the spread of disease and degeneracy throughout the nation.

JOYOUS AND DELIBERATE MOTHERHOOD
A SURE LIGHT IN OUR RACIAL DARKNESS

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DESCRIPTION OF PLATES.

I. The Reception Room, the Mothers' Clinic for Constructive Birth Control.

II. The exterior and inner room of the Mothers' Clinic for Constructive Birth Control.

III. Various forms of feminine caps for wear in the vagina.

Fig. 1.—Cervical occlusive cap with inflated rim, see p. 150 et seq.

Figs. 2 and 3.—Varieties with solid rims of different shapes, p. 156.

Fig. 4.—The "Dutch" cap with metal spring rim, medium size, see p. 160 et seq.

Fig. 5.—The "Mizpah" in two parts, the lower thick rim separate, see p. 166 et seq.

Fig. 6.—Cervical occlusive cap with solid rim and high simple dome, the Pro Race small size, see p. 140 et seq.

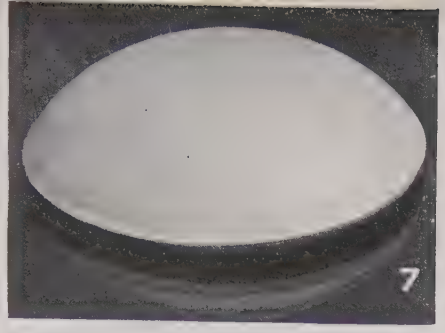
IV. Fig. 7.—Solid lens shaped cap or "Dumas," see p. 158 et seq.

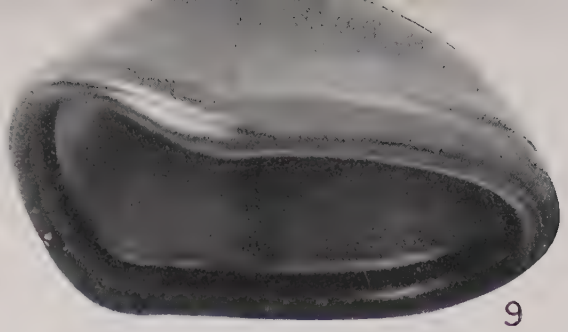
Fig. 8.—Occlusive cap covered with sponge, see p. 157.

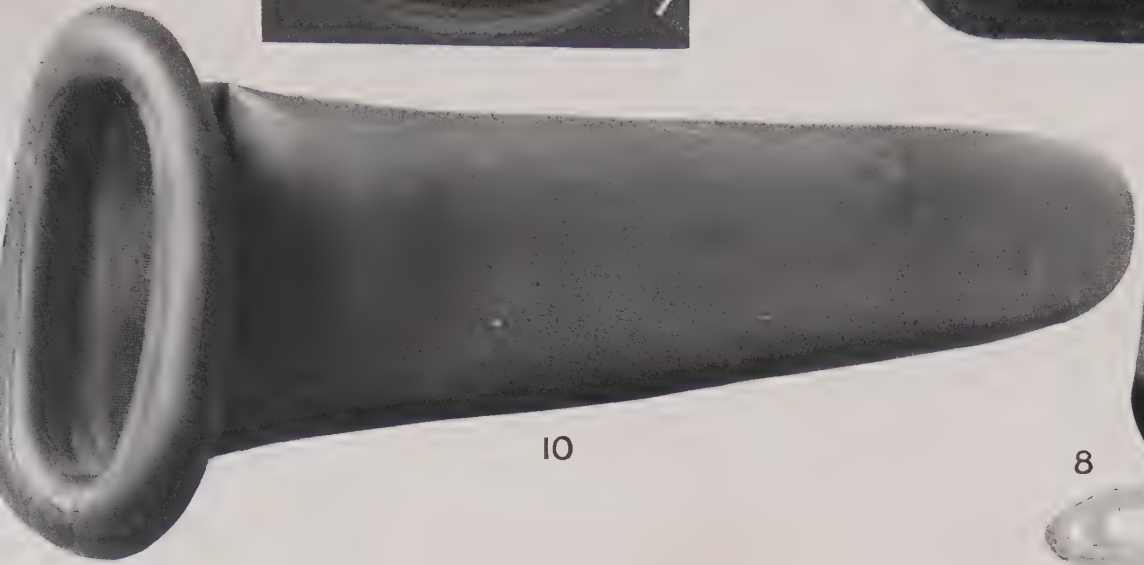
Fig. 9.—"Matrisalus" cap of zygomorphic shape, see p. 168.

Fig. 10.—Feminine sheath, or "Capote Anglaise," see p. 169 et seq.

PLATE III.







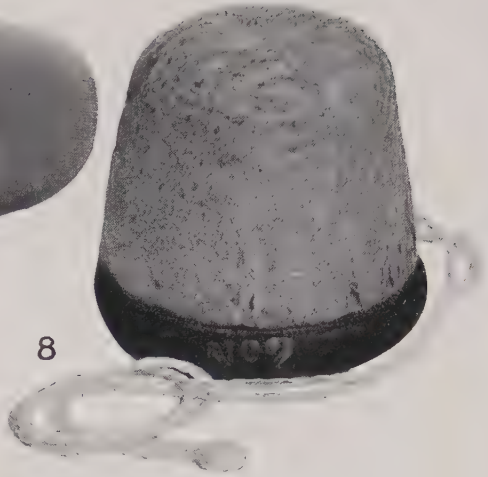


PLATE IV.

LONDON
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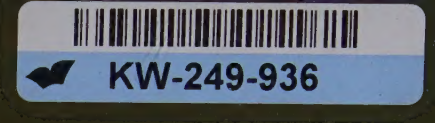
83-91, GREAT TITCHFIELD STREET, W. 1.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